

You may wish to complete the information card(s) below so that you can keep it in your wallet with your other identification.

If there was an emergency and you were unable to communicate, this card may be valuable so that a physician can contact your Agent(s) to obtain a copy of your personal directive.

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<p>Personal Directive Information Card</p> <p>I, _____</p> <p>have made a personal directive that expresses my wishes regarding personal matters.</p> <p>_____</p> <p>Date yyyy-mm-dd Signature</p>	<p>In case of emergency, please contact my Agent(s) to obtain a copy of my personal directive:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 70%;">Name(s)</th> <th style="width: 30%;">Telephone</th> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> <p>My personal directive information is registered with the Office of the Public Guardian and Trustee.</p> <p style="text-align: center;"> <input type="radio"/> Yes <input type="radio"/> No </p>	Name(s)	Telephone						
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