

Protected A (when completed)

I, \_\_\_\_\_, make this Personal Directive.  
name of maker

This Personal Directive takes effect with respect to personal matters that relate to me when it is determined, in accordance with the *Personal Directives Act*, that I do not have capacity to make personal decisions with respect to those matters.

I have placed my initials next to the provisions in this document that form part of my Personal Directive.

## 1. Revocation of previous personal directive

☐ Not Applicable

Initials \_\_\_\_\_ I revoke all previous personal directives made by me.

## 2. Designation of agent

☐ Option One

Initials \_\_\_\_\_ I designate the following as my agent(s)



OR

☐ Option Two

Initials \_\_\_\_\_ I designate the Public Guardian as my agent.

I have consulted with the Public Guardian and the Public Guardian is satisfied that no other person is able and willing to act as my agent. The Public Guardian has agreed to be my agent.

OR

☐ Option Three

Initials \_\_\_\_\_ I do not wish to designate an agent, but provide the following information and instructions to be followed by a service provider who intends to provide personal services to me.

## 3. Areas of authority

☐ Option One

Initials \_\_\_\_\_ I give my agent(s) the authority to make personal decisions on my behalf for all the personal matters, of a non-financial nature, that relate to me.

OR

☐ Option Two

Initials \_\_\_\_\_ I give the following agent(s) the authority to make personal decisions on my behalf for all the following personal matters, of a non-financial nature, that relate to me.

Initials \_\_\_\_\_

Health Care \_\_\_\_\_

name(s) of agent(s)

Initials \_\_\_\_\_

Accommodation \_\_\_\_\_

name(s) of agent(s)

Initials \_\_\_\_\_

With whom I may live and associate \_\_\_\_\_

name(s) of agent(s)

Initials \_\_\_\_\_

Participation in social activities \_\_\_\_\_

name(s) of agent(s)

Initials \_\_\_\_\_

Participation in educational activities \_\_\_\_\_

name(s) of agent(s)

Initials \_\_\_\_\_

Participation in employment activities \_\_\_\_\_

name(s) of agent(s)

Initials \_\_\_\_\_

Legal matters \_\_\_\_\_

name(s) of agent(s)

Initials \_\_\_\_\_

Other personal matters \_\_\_\_\_

name(s) of agent(s)

Describe other personal matters (if applicable):

#### 4. Designation of agent for temporary care and education of minor child(ren) (optional)

☐ Not applicable

Initials \_\_\_\_\_ I designate \_\_\_\_\_ as an agent who has the authority to take over the care and education of my minor child(ren) until one of the events described in section 7(1)(e) of the *Personal Directives Act* happens.

#### 5. Specific instructions (optional)

☐ Not applicable

Initials \_\_\_\_\_ I instruct my agent(s) to carry out the following specific instructions when making decisions about my personal matters:

☐ Not applicable

Initials \_\_\_\_\_ If I have not designated an agent, or if my agent(s) are unable or unwilling to make a personal decision or cannot be contacted after every reasonable effort has been made, I instruct a service provider who intends to provide personal services to me to follow the following instructions that are relevant to the decisions to be made:

## 6. Other information (optional)

☐ Not applicable

Initials \_\_\_\_\_ I provide the following information to help my agent(s) understand my wishes, beliefs and values when making decisions about my personal matters:

## 7. Who determines my capacity (optional)

☐ Not applicable

Initials \_\_\_\_\_ I designate \_\_\_\_\_ ,  
name of individual(s)

to determine my capacity under section 9 of the *Personal Directives Act*.

## 8. Notification (optional)

☐ Not applicable

Initials \_\_\_\_\_ If a determination is made under the *Personal Directives Act* that I lack capacity to make personal decisions, I instruct the person making the determination to provide a copy of the declaration to me, the agent(s) I have designated in this Personal Directive, if any, and following people:

## 9. Signatures

Signed by me in the presence of my witness at \_\_\_\_\_, in the Province of Alberta,  
location

this \_\_\_\_\_ of \_\_\_\_\_, \_\_\_\_\_  
day month year

### Notes:

**Witness should also initial provisions initialed by maker.**

**The following persons may not witness the signing of a Personal directive:**

- | A person designated in the directive as an agent
- | The spouse or adult interdependent partner of a person designated in the directive as an agent
- | The spouse or adult interdependent partner of maker
- | A person who signs the directive on behalf of the maker
- | The spouse or adult interdependent partner of a person who signs the directive on behalf of the maker

name of maker

signature of maker

address of maker

name of witness

signature of witness

address of witness

## 10. Acknowledgement (optional)

I (We) acknowledge that I (we) have received a copy of this personal directive.

Name of Agent

Signature of Agent

Location where signed

Date of Signing yyyy-mm-dd

Telephone Number of Agent

Address of Agent

Email Address of Agent

Add Name

Remove Name