Florida Affordable Wills
1309 St. Johns Bluff Road N
Jacksonville, FL 32204
904-539-7889
JoAnne@FloridaAffordableWills.com

Florida Affordable Wills

DESIGNATION OF HEALTHCARE SURROGATE AND LIVING WILL QUESTIONNAIRE

NAME: _____

ADDRESS: _____

COUNTY: _____

PHONE NUMBER: _____

EMAIL: _____

NAME OF PERSON YOU WOULD LIKE TO MAKE MEDICAL DECISIONS FOR YOU IF YOU ARE UNABLE TO DO SO YOURSELF:

NAME: _____

ADDRESS: _____

PHONE: _____

NAME OF BACK UP PERSON TO MAKE MEDICAL DECISIONS FOR YOU IF THE FIRST CHOICE IS NOT AVAILABLE:

NAME: _____

ADDRESS: _____

PHONE: _____

SPECIAL MEDICAL FORM INSTRUCTIONS: _____

_____

_____