



# LIFE CARE PLANNING FORMS

## Checklist:

- Registration Agreement \*
- Durable Medical Health Care Power of Attorney \*
- Durable Mental Health Care Power of Attorney \*
- Living Will \*
- Letter to my Representative
- Prehospital Medical Care Directive (Do Not Resuscitate)\*

*\* Indicates forms that can be registered with the Secretary of State's Office*

To register your completed documents, make photo copies and send the copies to:

**Arizona Secretary of State  
Attn: Advance Directive Dept.  
1700 W. Washington Street  
Phoenix, AZ 85007**