

STATE OF GEORGIA  
COUNTY OF \_\_\_\_\_

**REVOCATION OF ADVANCE DIRECTIVE FOR HEALTH CARE**

I, \_\_\_\_\_, the declarant of an advance directive for health care dated the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, do hereby make and publish this revocation of said advance directive for health care, and to that end, do hereby declare as follows:

(1) It is my present, express intent to revoke my advance directive for health care referred to above, as well as any and all other advance directives for health care or by me heretofore made, and I specifically desire and direct that said advance directive for health care shall be from this moment forward as completely null, void, and ineffectual as if the same had never been executed by me.

(2) This revocation is intended specifically to revoke only my advance directive for health care as opposed to my Last Will and Testament relating to the disposition of my property after my death, and this revocation shall not in any way operate to impair or revoke my said Last Will and Testament.

(3) I desire and direct that this revocation immediately be communicated to Dr. \_\_\_\_\_, my attending physician, and to any other physician or physicians who have attended me during the period from the date of the execution of my advance directive for health care referred to above until the present. I further direct that a copy of this revocation be made a part of my permanent medical record.

**IN WITNESS WHEREOF**, I have hereunto set my hand and seal, as of \_\_\_\_\_ o'clock \_\_\_\_ .m. on this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Signature of declarant

\_\_\_\_\_  
Witness

**(Include the following attestation if the declarant is unable to sign:)**

I hereby certify that, acting at the special instance, request, and direction of, the declarant of the advance directive for health care referred to hereinabove, I have dated and signed this revocation on behalf of said declarant, who is unable to sign for himself or herself.

/s/ \_\_\_\_\_  
(Sign declarant's name)

\_\_\_\_\_  
(Signature of person signing)