

POWER OF ATTORNEY WORKSHEET

I.

Personal Information:

First Name: _____ Middle Name: _____

Last Name: _____ Maiden Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone No: _____ Cell Phone No: _____

Date of Birth: _____

Marital Status: _____

Social Security Number: _____

Parish / County: _____

Should we be aware of any impairments that affect your ability to read and/ or sign your documents? _____ Yes _____ No

If so, what is the nature of the impairment? _____

a) State below the person or persons to whom you would like to give power to act on your behalf:

First Name: _____ Middle Name: _____

Last Name: _____ Maiden Name: _____

Address: _____

Home Phone No: _____ Cell Phone No: _____

Social Security Number: _____

Parish / County: _____

Relationship to you: _____

b) If another person or **Alternate** is desired, please provide me with the following:

First Name: _____ Middle Name: _____

Last Name: _____ **Maiden Name:** _____

Address: _____

Home Phone No: _____ Cell Phone No: _____

Social Security Number: _____

Parish / County: _____

Relationship to you: _____

II.

Do you wish this power to be limited in any of the following ways?

a) Used only if you are incapable? _____ Yes _____ No

b) Used only for a specific reason or purpose? _____ Yes _____ No

If yes, state the reasons(s) or purpose(s) you would like this restricted:

a) Remain in effect if you become unable through illness or incapacity to revoke it?

_____ Yes _____ No

b) Do you want a time limit on how long the power of attorney can be used?

_____ Yes _____ No

If yes, how long? _____

c) Do you want your agent to restrict anyone's access to you?

_____ Yes _____ No

If so, who? _____

Do you have a living will? _____ Yes _____ No

If so, does your living will give someone the power to make healthcare decisions?

_____ Yes _____ No

Use this space for any questions or comments.

Would you like copies of your drafts emailed to you, mailed to you, or both?

Emailed Mailed Both

Email address: _____