

New Jersey Medical Power Of Attorney

I, _____, residing at

_____, as principal,

hereby designate and appoint _____, residing at

_____, as my agent for all matters relating to my health care including, but not limited to, full power to give, refuse or revoke consent to all medical, surgical and hospital care. Specifically, I authorize my agent to order the refusal, discontinuation or withdrawal of all forms of life-sustaining treatment if my agent determines that based upon his/her knowledge of my personal instructions, beliefs, and value system I would not want to have such treatment instituted or continued. This power of attorney shall not be affected by any disability of the principal.

Signed, sealed and delivered in the presence of:

Agent's Signature
State of New Jersey)
) ss.:
County of)

Principal's Signature

BE IT REMEMBERED THAT ON THIS _____ day of _____, 20 _____, before me the subscriber, a Notary Public of New Jersey, personally appeared _____, who I am satisfied is the person named in and who executed the within Power of Attorney and _he acknowledged that _he signed, sealed and delivered said Power of Attorney as his/her voluntary act and deed, for the uses and purposes therein expressed.

Notary Public