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provided by the office of
Nevada Secretary of State
Barbara K. Cegavske

Authorization to Change Form

PLEASE TYPE OR PRINT CLEARLY USING INK

ABOVE SPACE IS FOR OFFICE USE ONLY

This form must be used by the Registrant for documents stored in the LivingWillLockbox to authorize a change and for update to their advance directive documents on file.

Registrant Information (please type or print clearly)

Date of Birth: (as currently filed) ____________ mm/dd/yyyy

Legal Name: ______________________________ First / Middle / Last

Corrected Date of Birth: ____________ mm/dd/yyyy

Primary Mailing Address:

Address	City	State	Zip Code

Phone Number: ______ Area Code ____________ Number

Registrant ID #: (Found on Wallet Card) ____________

Changes to Registration Agreement (check each box that applies)

Changes ***REQUIRING*** additional documents:

☐ Add additional health care declaration document(s) to my currently stored documents. (*Attach* copy of additional document(s) to this form)

☐ Replace currently stored health care declaration document(s) with new one(s). (*Attach* copy of new document(s) to this form)

Changes ***NOT REQUIRING*** additional documents to accompany this form:

☐ Revoke/Delete: Remove my health care declarations document(s) from the Lockbox. I am aware that I will no longer be registered with the Living Will Lockbox.

☐ Change of **Registrant** Information: (if an address change, indicate which address set forth on the agreement is being changed) (Date of Birth may be changed in above registrant information area.)

☐ Primary Mailing Address ☐ Secondary Address

New Address:

Address	City	State	Zip Code

Phone Number: ______ Area Code ____________ Number

Alternate Number: ______ Area Code ____________ Number

Change of Emergency Contact Information: (Please provide any new information below)

☐ Primary Emergency Contact (Person listed on health care declaration documents, Legal Guardian or Family)

Name: ______ Relationship: ______

Address | City | State | Zip Code

Phone Number: Area Code | Number Alternate Number: Area Code | Number

Contact is authorized access to my Advance Directive in case of emergency: ☐ Yes ☐ No

☐ Alternate Emergency Contact (Person listed on health care declaration documents, Legal Guardian or Family)

Name: ______ Relationship: ______

Phone Number: Area Code | Number

Contact is authorized access to my Advance Directive in case of emergency: ☐ Yes ☐ No

I certify that this form accurately represents the changes I have made. Additionally, I authorize the changes to be reflected in the Lockbox.

X ______

Signature of Registrant Date

If Authorization to Change Form is prepared and submitted by someone other than the Registrant, the following must be completed:

I declare under penalty of perjury that pursuant to NRS 132.045, I am an agent of the above said Registrant and submitting this Authorization to Change Form on his/her behalf.

Print Name of Person who Prepared this Document | Entity/Organization Name

Contact Number: Area Code | Number

X ______

Signature of Person who Prepared this Document Date

To confirm changes have been made please go to www.LivingWillLockbox.com and click on Access to Documents to view your documents on file. Please allow up to 12 business days for the changes to be viewed online.

Attach photocopies of all documents.
Please *do not* send originals as we cannot be responsible for their safe keeping.

MAIL OR FAX TO: **Living Will Lockbox**
c/o Nevada Secretary of State Barbara K. Cegavske
555 E. Washington Avenue, Suite 5200
Las Vegas, Nevada 89101
Phone (775) 684-5708
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