



U.S. Living Will Registry® **Document Locator Form**

I have prepared an advance directive, and have chosen not to submit it to the Registry for scanning and storage. Instead, this locator form identifies the location(s) of where my advance directive document can be found.

Name of Registrant _____

Date of Birth: Month _____ Day _____ Year _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: Primary: () _____ Alternate: () _____

1. Name of person holding document: _____

Location of Document: _____

Telephone: () _____

2. Name of person holding document: _____

Location of Document: _____

Telephone: () _____

3. Name of person holding document: _____

Location of Document: _____

Telephone: () _____

Other locations where the document can be found:
