

TxPOWERDOCS

Documents for Life

Designation of Health Care Agent for Minor Children Worksheet

This document allows you to designate a health care agent for your children in the event that you are out of town, unable to be located or reached, or unable to make health care decisions for them.

In the event your children's health care agent is unable to serve for any reason, you can appoint a successor agent with all the powers, duties, and responsibilities granted and imposed upon the primary health care agent.

Duration

The Designation of Health Care Agent exists indefinitely from the date you execute it, unless you establish a shorter time or revoke the document. If you have included an expiration date, and if you are out of town, unable to be reached, or unable to make health care decisions for your children when this document expires, the authority you have granted your agent continues until the time you return to town, become available, or become able to make health care decisions for your children..

Personal Information

In the space below, enter your full legal name as you would like for it to appear on this document.

Your Full Legal Name (CHILD) *

First Name

Middle Name (optional)

Last Name

Suffix (optional)

Children Names

How Many Children Will You List? (CHILD) * Enter 1 thru 6.

Child #1 Name (CHILD) *
First Name
Middle Name (optional)
Last Name
Suffix (optional)**Child #1 Birth Date (CHILD)**

<input type="text"/>	<input type="text"/>	<input type="text"/>
Month	Day	Year

Child #2 Name (CHILD) *
First Name
Middle Name (optional)
Last Name
Suffix (optional)**Child #2 Birth Date (CHILD)**

<input type="text"/>	<input type="text"/>	<input type="text"/>
Month	Day	Year

Child #3 Name (CHILD) *
First Name
Middle Name (optional)
Last Name
Suffix (optional)**Child #3 Birth Date (CHILD)**

<input type="text"/>	<input type="text"/>	<input type="text"/>
Month	Day	Year

Child #4 Name (CHILD) *

First Name
Middle Name (optional)
Last Name
Suffix (optional)

Child #4 Birth Date (CHILD)

Month	Day	Year

Child #5 Name (CHILD) *

First Name
Middle Name (optional)
Last Name
Suffix (optional)

Child #5 Birth Date (CHILD)

Month	Day	Year

Child #6 Name (CHILD) *

First Name
Middle Name (optional)
Last Name
Suffix (optional)

Child #6 Birth Date (CHILD)

Month	Day	Year