



Advance
Health Care
Directive

North Carolina Secretary of State

Advance Health Care Directive Registry

P.O. Box 29622 Raleigh, NC 27626-0622

www.sosnc.gov/health

REGISTRATION FORM

INSTRUCTIONS: Please complete the information requested below and mail to the address listed above. Two registry cards containing your file number and password will be sent to you. The cards will also include a QR code which encrypts your file number and password and will facilitate immediate access to your directive by anyone using a smart phone.

Please carry the card with you at all times and furnish the file number and password or QR code to persons who need to be aware of your directives, such as family members and health care providers.

PLEASE TYPE OR PRINT. LINES 1 THROUGH 3 MUST BE COMPLETED.

1. Registrant's Name (exactly as in document): _____
2. Registrant's Mailing Address: _____
3. City: _____ State: _____ Zip: _____

If you are an attorney filing on behalf of the Registrant named above, please provide your name and mailing address should you wish the documents returned to your attention.

Attorney's Name: _____
Attorney's Mailing Address: _____
City: _____ State: _____ Zip: _____

The fee for each document to be registered is **\$10.00**
(Check or Money Order payable to: NC Secretary of State).

Check the directive(s) you have enclosed with this form:

- A health care power of attorney;
- A declaration of a desire for a natural death;
- An advance instruction for mental health treatment;
- A declaration of an anatomical gift.