

I, _____, make this Personal Directive.
(Name of Maker)

This Personal Directive takes effect with respect to personal matters that relate to me when it is determined, in accordance with the *Personal Directives Act*, that I do not have capacity to make personal decisions with respect to those matters.

I have placed my initials next to the provisions in this document that form part of my Personal Directive.

1. Revocation of Previous Personal Directive

Initial _____ I revoke all previous personal directives made by me.

2. Designation of Agent

Initial _____ I designate _____ as my agent(s).
(Name of Agent or Agents)

OR

Initial _____ I designate the Public Guardian as my agent.

I have consulted with the Public Guardian and the Public Guardian is satisfied that no other person is able and willing to act as my agent. The Public Guardian has agreed to be my agent.

OR

Initial _____ I do **NOT** wish to designate an agent, but provide the following information and instructions to be followed by a service provider who intends to provide personal services to me.

3. Areas of Authority

Initial _____ I give my agent(s) the authority to make personal decisions on my behalf for all the personal matters, of a non-financial nature, that relate to me.

OR

Initial _____ I give the following agent(s) the authority to make personal decisions on my behalf for all the following personal matters, of a non-financial nature, that relate to me:

Initial _____ health care _____;
(name(s) of agent(s))

Initial _____ accommodation _____;
(name(s) of agent(s))

Initial _____ with whom I may live and associate _____;
(name(s) of agent(s))

Initial _____ participation in social activities _____;
(name(s) of agent(s))

Initial _____ participation in educational activities _____;
(name(s) of agent(s))

Initial _____ participation in employment activities _____;
(name(s) of agent(s))

Initial _____ legal matters _____;
(name(s) of agent(s))

Initial _____ other personal matters as follows _____;
(name(s) of agent(s))

4. Designation of Agent for Temporary Care and Education of Minor Child(ren) (Optional)

Initial _____ I designate _____ as an agent
(Name of Agent)

who has the authority to take over the care and education of my minor child(ren) until one of the events described in section 7(1)(e) of the Act happens.

5. Specific Instructions (Optional)

Initial _____ I instruct my agent(s) to carry out the following specific instructions when making decisions about my personal matters:

Initial _____ If I have not designated an agent, or if my agent(s) are unable or unwilling to make a personal decision or cannot be contacted after every reasonable effort has been made, I instruct a service provider who intends to provide personal services to me to follow the following instructions that are relevant to the decisions to be made:

6. Other Information (Optional)

Initial _____ I provide the following information to help my agent(s) understand my wishes, beliefs and values when making decisions about my personal matters:

7. Who Determines My Capacity (Optional)

Initial _____ I designate _____, to determine
(Name of Individual(s))
my capacity under Section 9 of the *Personal Directives Act*.

8. Notification (Optional)

Initial _____ If a determination is made under the *Personal Directives Act* that I lack capacity to make personal decisions, I instruct the person making the determination to provide a copy of the declaration to me, the agent(s) I have designated in this Personal Directive, if any, and the following people:

9. Signatures

Signed by me in the presence of my witness at _____,
(Location)

in the Province of Alberta, this _____ of _____, _____.
(Day) (Month) (Year)

(Signature of Maker)

(Signature of Witness in the presence of Maker)

(Printed Name of Witness)

(Address of Witness)

Note: Witness should also initial provisions initialed by maker.

Note: The following persons may not witness the signing of a personal directive:

- a person designated in the directive as an agent
- the spouse or adult interdependent partner of a person designated in the directive as an agent
- the spouse or adult interdependent partner of the maker
- a person who signs the directive on behalf of the maker
- the spouse or adult interdependent partner of a person who signs the directive on behalf of the maker

10. Acknowledgement (Optional)

I (We) acknowledge that I (we) have received a copy of this personal directive.

_____	_____
<i>(Name of Agent)</i>	<i>(Signature of Agent)</i>
_____	_____
<i>(Location where signed)</i>	<i>(Date of signing)</i>
_____	_____
_____	<i>(Telephone Numbers of Agent)</i>
_____	_____
<i>(Mailing Address of agent)</i>	<i>(E-mail Address of Agent)</i>

_____	_____
<i>(Name of Agent)</i>	<i>(Signature of Agent)</i>
_____	_____
<i>(Location where signed)</i>	<i>(Date of signing)</i>
_____	_____
_____	<i>(Telephone Numbers of Agent)</i>
_____	_____
<i>(Mailing Address of agent)</i>	<i>(E-mail Address of Agent)</i>

_____	_____
<i>(Name of Agent)</i>	<i>(Signature of Agent)</i>
_____	_____
<i>(Location where signed)</i>	<i>(Date of signing)</i>
_____	_____
_____	<i>(Telephone Numbers of Agent)</i>
_____	_____
<i>(Mailing Address of agent)</i>	<i>(E-mail Address of Agent)</i>