

POWER OF ATTORNEY WORKSHEET

I.

Personal Information:

First Name: _____ Middle Name: _____

Maiden Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone No: _____ Cell Phone No: _____

Date of Birth: _____ Marital Status: _____

Email Address: _____

Social Security Number: _____

Parish / County: _____

Should we be aware of any impairments that affect your ability to read and/ or sign your documents?

Yes No

If so, what is the nature of the impairment? _____

a) State below the person or persons to whom you would like to give power to act on your behalf:

First Name: _____ Middle Name: _____

Maiden Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone No: _____ Cell Phone No: _____

Social Security Number **(required)**: _____

Parish / County: _____

Relationship to you: _____

b) If another person or **Alternate** is desired, please provide me with the following:

First Name: _____ Middle Name: _____

Maiden Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone No: _____ Cell Phone No: _____

Social Security Number (**required**): _____

Parish / County: _____

Relationship to you: _____

II.

Do you wish this power to be limited in any of the following ways?

a) Used only if you are incapable? Yes No

This would require your agent to obtain a statement of incapacity from your physician.

b) Do you want your agent to restrict anyone's access to you? Yes No

If so, who? _____

Do you want a living will? This says you do not want to be kept alive on life support if there is no chance of your recovery. Yes No

Use this space for any questions or comments.

Would you like copies of your drafts emailed to you, mailed to you, or both?

Emailed Mailed Both