West Virginia Center for End-of-Life Care
e-Directive Registry
FAX 844-616-1415
www.wvendoflife.org

Patient Authorization for Release of Information from the WV e-Directive Registry

To receive a copy of your documents from the WV e-Directive Registry:

- **Complete this form below**
- **Attach a copy of your photo ID (for verification)**
- **Return the form and photo ID to the Center for End-of-Life Care**

Upon receipt of this form and your photo ID, the Registry will send you copies of all documents that the Registry has on file for you.

Mailing Address: **WV Center for End-of-Life Care**
e-Directive Registry
PO Box 9022, 64 Medical Center Drive
Morgantown, WV 26506

FAX: **844-616-1415**

For questions call: **304-293-0695**

Date of Request: _____

Patient's Name: (First and Last) _____

Address:_____

_____

Date of Birth:_____ Last four digits of social security number: ____ ____ ____ ____

Phone:_____ FAX:_____

This information is to be:
☐Mailed to patient at address above
☐Faxed to patient at FAX number above

_____
Signature of Patient Date (Required)

OR

_____
Signature of Legal Representative Relationship to Patient Date (Required)

***Legal representative must have Medical Power of Attorney form or surrogate form on file with Registry or submit form with request.**

Revised April 2026