

64 Medical Center Drive, PO Box 9022
Morgantown, WV 26506-9022

Phone: 304-293-0695
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Advance Directive Revocation Form

I hereby wish to **REVOKE** the below listed document(s) which are stored in the West Virginia e-Directive Registry. I understand that I will no longer have a statement of my wishes in the Registry once this document is revoked.

<u>Form Type</u>	<u>Date of Completion (if known)</u>
	Write the date the advance directive
_____ Living Will (LW) _____	
_____ Medical Power of Attorney (MPOA) _____	
_____ Combined MPOA/LW (COMB) _____	
_____ Other (please indicate form type and date of completion below):	

Signed

Date

Printed Name

Date of Birth (mm/dd/yyyy)

Last 4 SSN

Address