

IDENTIFYING INFORMATION

Copy of Identification Attached

Type: _____ (California Driver’s License, CA DMV Identification Card, Birth Certificate, Benefits Identification Card, Managed Care Card, State or Federal Employee ID Card)

Number: _____

IF NO IDENTIFICATION IS ATTACHED, YOUR SIGNATURE MUST BE NOTARIZED.

Notarized By: _____

On _____ (Date)

Notary Public Number: _____

NOT OFFICIAL UNLESS STAMPED BY NOTARY PUBLIC

PERSONAL REPRESENTATIVE’S INFORMATION

PLEASE CHECK BELOW YOUR LEGAL AUTHORITY TO MAKE MEDICAL DECISIONS FOR THE PATIENT.

- PARENT
- GUARDIAN
- MEDICAL POWER OF ATTORNEY
- CONSERVATOR
- EXECUTOR OF WILL
- OTHER _____

NOTE: ATTACHING LEGAL DOCUMENTATION IS REQUIRED TO VERIFY THAT YOU ARE THE PARENT, CONSERVATOR, GUARDIAN, EXECUTOR OF A DECEDENT’S WILL, OR HAVE MEDICAL DECISION-MAKING AUTHORITY FOR THE INDIVIDUAL.