

LIFE CARE PLANNING CHECKLIST

- Registration Agreement
 - This form HAS to be included if you want to register ANY forms.
- Health Care Power of Attorney
- Living Will
- Mental Health Care Power of Attorney
- Prehospital Medical Care Directive (Do Not Resuscitate)

**To register your completed documents,
make photo copies and send the copies to:**

**Arizona Secretary of State
Attn: Advance Directive Dept.
1700 W. Washington Street, 7th Floor
Phoenix, AZ 85007**