

# 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:**

**Health Current  
AZ Healthcare Directives Registry  
3877 N. 7<sup>th</sup> Street Suite 150  
Phoenix AZ 85014**

**OR**

**Email: [info@azhdr.org](mailto:info@azhdr.org)**

**OR**

**Fax: 602-264-8823**