

Advance Care Directive Registration Application

Deliver to Tasmanian Civil and Administrative Tribunal
GPO Box 1311
Hobart Tas 7001

OR

38 Barrack Street
Hobart Tas 7000

Number of pages
(excluding this form)

Name of person
making the ACD

Address

Contact email

Contact number

Date of birth

Name of applicant
(if not the maker of
the ACD)

Contact number

Relationship to person
making the ACD

Guardian

Lawyer

Person Responsible

Other: _____

By signing this application you certify that the information contained in the application is true and accurate to the best of your knowledge.

Applicant's signature _____ Date _____

Please note: Unless you are a law firm the registered advance care directive will be returned to the maker of the advance care directive only.