

Notice of Revocation of a Registered Advance Care Directive

I _____
(insert full name and address)

Have revoked the advance care directive (ACD) made by me on ____ / ____ / ____
and request that the revocation be recorded in the Tribunal's register.

This notice of revocation of a registered advance care directive is given under Part 5A s35Y of the *Guardianship and Administration Act 1995* and regulation 13D of the *Guardianship and Administration Regulation 2017*.

(Signature)

Date Registered: _____