



# North Carolina Secretary of State

Advance Health Care Directive Registry

P.O. Box 29622 Raleigh, NC 27626-0622

www.sosnc.gov

## REMOVAL FORM

**INSTRUCTIONS:** Please complete the information listed below in order to withdraw your health care directive information from our database. When completed, YOUR SIGNATURE MUST BE NOTARIZED BY A COMMISSIONED NOTARY.

**Please return this form to the address listed above. There is NO FEE for this service.**

1. Registrant's Full Name: \_\_\_\_\_
2. Registrant's File Number: \_\_\_\_\_
3. Check the health care directive(s) that you wish to remove from the registry.
  - A health care power of attorney;
  - Advance directive for a natural death (living will);
  - An advance instruction for mental health treatment; or
  - A declaration of an anatomical gift.

I understand that neither the entry of a document into, nor the removal of a document from the registry will: 1) affect the validity of the document(s) in whole or in part; 2) relate to the accuracy of the information contained in the document(s); 3) create a presumption regarding the validity of the document(s) or the accuracy of the information contained in the document(s), or that the statutory requirements for the document(s) has/have been met.

Registrant's Signature: \_\_\_\_\_

If you are submitting this Removal Form for a deceased Registrant, please complete the sections below and return this form with a certified copy of the Registrant's Death Certificate. The Death Certificate will be returned to you.

Sign your name \_\_\_\_\_ Print your name \_\_\_\_\_

Mailing address: \_\_\_\_\_

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SEAL	STATE OF _____
	COUNTY OF _____

Signed and sworn to (or affirmed) before me this day by \_\_\_\_\_  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_. (Printed Name of Declarant)

Witness my hand and official seal, this the \_\_\_\_\_  
(Official Signature of Notary)  
\_\_\_\_\_, Notary  
(Notary's printed or typed name)

My commission expires: \_\_\_\_\_  
(Date mm/dd/yyyy)

I signed this notarial certificate on \_\_\_\_\_ according to the emergency video notarization requirements contained in G.S. 10B-25.  
(Date mm/dd/yyyy)

Notary Public location during video notarization: \_\_\_\_\_ County

Stated physical location of principal during video notarization: \_\_\_\_\_ County