



Government of South Australia

Cancelling my Advance Care Directive

Do not complete this form unless you wish to cancel (revoke) your Advance Care Directive.

Person Statement:

I, _____
(Full name of person who gave the Advance Care Directive)

Date of Birth: ____ / ____ / ____

understand the consequences of revoking this Advance Care Directive and do so pursuant to section 29 of the *Advance Care Directives Act 2013* (SA).

Signature: _____ Date: ____ / ____ / ____
(Signature of person who gave the Advance Care Directive)

Witness Statement:

I, _____
(Full name of witness)

Ph: _____  _____
(Occupation of witness)

certify that I am satisfied that the person who gave this Advance Care Directive is competent and understands the consequences of revoking this Advance Care Directive.

Signature: _____ Date: ____ / ____ / ____
(Signature of witness)

To revoke your Advance Care Directive you must understand the consequences of not having an Advance Care Directive.

An authorised witness must fill in this section and certify that you understand the consequences of revoking your Advance Care Directive. →

Your initial

Witness initial