TASCAT
TASMANIAN CIVIL & ADMINISTRATIVE TRIBUNAL

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.