**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**