

# LIFE CARE PLANNING CHECKLIST

- Registration Agreement
  - This form HAS to be included if you want to register ANY forms.
- Health Care Power of Attorney
- Living Will
- Mental Health Care Power of Attorney
- Prehospital Medical Care Directive (Do Not Resuscitate)

**To register your completed documents, make photo copies and send the copies to:**

**AZ Healthcare Directives Registry  
2901 N. Central Ave. Ste. 1100  
Phoenix AZ 85012**

**OR**

**Email: [documents@azhdr.org](mailto:documents@azhdr.org)**

**OR**

**Fax: 602-264-8823**