

## Enduring Power of Attorney (Medical) VIC

### Donor details

- Full name of the donor making the Enduring Power of Attorney (Medical).
- Address of the donor.

### Date of signing and appointment

- Date the Enduring Power of Attorney (Medical) will be signed.

### Attorney details

- Full name of person being appointed to act under the Enduring Power of Attorney (Medical).
- Address of appointed agent.
- Occupation of appointed agent.
- If applicable, alternate agent's:
  - full name.
  - address.
  - occupation.

To create an Enduring Power of Attorney (Medical) VIC document package, you need to provide the information listed to the left. Print this checklist out for convenience and gather the information before you start online.

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