

Enduring Power of Attorney (Medical) VIC

Information Checklist



To create the documents to form an Enduring Power of Attorney (Medical) VIC, you need to provide the information listed to the left. You might like to print this checklist out and gather the information before you start online.

Donor details

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

Date of signing

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

Agent 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

Client Notes