Hospital Visitation Authorization

I, _____, residing at _____, in the city of _____ in _____ County, in the state of _____, do hereby swear and depose as to the following information:

Should I become incapacitated, fall ill, become injured, be admitted to a hospital or require care at any medical facility, my desire is that _____ be admitted to visit me first and foremost.

That _____ take precedent over any other visitors who wish to see me, even if those persons have blood ties or legal connections to me.

That this authorization be upheld unless I willingly, and being of sound mind, give contrary instructions to competent medical personnel.

_____ _____

Signature Date

_____ _____

Witness Witness

Address_____ Address_____

City, state, ZIP_____ City, state, ZIP_____