

**[INSERT APPROPRIATE HEADER**

**[re Senate Bill 367]**

**Adult Friend Surrogate Acknowledgment Form**

"I, \_\_\_\_\_, am over the age of 18 and am a friend of and have special care and concern for Patient \_\_\_\_\_.

By my signature below, I certify that I am generally familiar with Patient's healthcare views and desires and am willing and able to become involved in the healthcare decisionmaking process and to act in Patient's best interest.

**Print Name:** \_\_\_\_\_

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