



## Protecting Your Wishes

A no-cost service provided by the  
Office of Nevada Secretary of State  
Francisco V. Aguilar



ABOVE SPACE IS FOR OFFICE USE ONLY

# Advance Directive Registration Agreement

Nevada residents must use this form to register their advance directive with Nevada Lockbox. A copy of an advance directive document must be attached. No fee is assessed. Type or print clearly. Allow up to 14 business days for registration completion.

## SECTION 1: Registrant Information

_____ Legal First Name		_____ Legal Middle Name		_____ Legal Last Name		_____ Suffix	
_____ Date of Birth		_____ Last 4 of SSN		_____ Gender (optional)			
_____ Residence Address				_____ City		_____ State	
_____ Residence Address				_____ City		_____ State	
_____ Mailing Address (all correspondence will be sent to this address)				_____ City		_____ State	
_____ Mailing Address (all correspondence will be sent to this address)				_____ City		_____ State	
_____ Telephone				_____ Email Address			

## SECTION 2: Contact Information

List a family member, a legal guardian, or the person(s) named on your advance directive document.

_____ Primary Contact Name		_____ Relationship		_____ Telephone	
_____ Address		_____ City		_____ State	
_____ Address		_____ City		_____ State	
_____ Primary Contact is authorized access to my advance directive document in case of emergency:		<input type="checkbox"/> Yes		<input type="checkbox"/> No	

_____ Alternate Contact Name		_____ Relationship		_____ Telephone	
_____ Address		_____ City		_____ State	
_____ Address		_____ City		_____ State	
_____ Alternate Contact is authorized access to my advance directive document in case of emergency:		<input type="checkbox"/> Yes		<input type="checkbox"/> No	

## SECTION 3: Registrant Signature

I, \_\_\_\_\_ ("Registrant"), request that the Nevada Secretary of State, electronically store with the Nevada Lockbox ("Lockbox"), a copy of my attached advance directive (including but not limited to my: living will, health care proxy, or similar document[s]), and provide a copy of the stored advance directive image to any health care provider, pursuant to Nevada Revised Statutes (NRS) 629.031, who requests it in conjunction with my care. I voluntarily execute this registration on the date set forth, without coercion, duress, or undue influence from any party, and I warrant and represent that I have the legal capacity to offer my consent to such registration. My registration is not effective until I receive written confirmation from the Nevada Lockbox, at the above mailing address. Oral changes to my Lockbox file or documents are not effective.



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### SECTION 3: Registrant Signature (cont'd)

**Registration and Certification:** I submit the information contained herein to confirm my identity, in the event that a health care provider requests a copy of my living will/advance directive. I certify that this information is correct and that the attached document represents my currently effective advance directive, which was properly executed in accordance with the laws of the state where it was executed. I agree to notify the Lockbox, by submitting an Authorization to Change Form, at the Lockbox's address listed below, in the event of my revocation of the attached living will/advance directive or of this registration, or if the attached advance directive or the identifying information herein are changed in any way. I agree to provide the Lockbox as soon as possible with a copy of the new/changed documents. I will indemnify and hold the Lockbox harmless for any damages resulting from the Lockbox's reliance on these certifications, or on any inaccurate information I supplied. Pursuant to NRS 449A.724, if I do not notify the Lockbox in writing and in a timely manner of any changes, or of the revocation of my advance directive or this registration, or if I do not provide a true copy of the changed documents to the Lockbox, the Lockbox will not be liable for any damages resulting from the production of the documents on file to any health care provider.

**Authorization:** I authorize access to my advance directive to any health care provider that is providing me care. I also authorize the Lockbox to send a copy of my advance directive to any health care provider that requests a copy of it, provided the request conforms to the Lockbox's policies and procedures (or as deemed advisable by the Lockbox in an emergency situation or as required by law). The Lockbox is not otherwise authorized to share my personal information with parties other than health care providers.

**Limitations on Liability:** Pursuant to NRS 225.400, the contents of the registry established by NRS 225.300-.440 are not verified for accuracy or legal validity. Pursuant to NRS 225.430, the Nevada Secretary of State and employees shall not be liable for any action or omission made in good faith in the administration of the Lockbox.

**Terms:** This agreement shall remain in effect until the Lockbox receives reliable information that the Registrant is deceased; the Registrant requests, by submitting an Authorization to Change Form, that the Agreement be terminated; or until registration is cancelled pursuant to the Lockbox's policies and procedures. When the agreement is terminated, the Lockbox will use best efforts to remove registrant's advance directive from its files. Pursuant to NRS 449A.721, the Lockbox will run a check against Nevada Vital Statistics at least once every 5 years.

*I hereby agree to the terms herein and certify the accuracy of the information provided. I agree to safeguard my Registrant ID card from unauthorized access. I understand that anyone who gains access to my card can use it to gain access to my documents and personal information and I will not hold the Lockbox liable for such unauthorized access.*

X

\_\_\_\_\_  
Signature of Registrant

\_\_\_\_\_  
Date

### SECTION 4: Authorized Agent

If this form is prepared and submitted by someone other than the registrant, complete the following:

*I declare under penalty of perjury that pursuant to NRS 132.045, I am an agent of the above said Registrant and submitting this Registration Agreement on their behalf.*

\_\_\_\_\_  
Print name of person who prepared this document

\_\_\_\_\_  
Entity/Organization Name

X

\_\_\_\_\_  
Signature of person who prepared this document

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone

#### File this form

1. Mail to North Las Vegas office; or
2. Scan and Email as a PDF file; or
3. Deliver to North Las Vegas or Carson City offices
  - 101 N. Carson Street, Suite 3 Carson City, NV 89701

#### Nevada Lockbox

c/o Nevada Secretary of State Francisco V. Aguilar  
2250 Las Vegas Boulevard North, Suite 400 North  
Las Vegas, NV 89030  
Phone: (702) 486-2887  
Email: Lockbox@sos.nv.gov

● **IMPORTANT:** Attach a **copy** of an advance directive document or an *Advance Directive Locator Form* with this agreement. Do not submit original advance directive(s) as all filings submitted to the Advance Directive Registry are securely shredded.

If you do not receive a confirmation letter with a wallet card by mail, call or email the program office for assistance.