

SECTION 7: DECLARATIONS AND SIGNATURES

PRINCIPAL'S SIGNATURE

As the principal you must sign this part in front of an eligible witness.

Refer to section 7, pages 14–15 of [Form 10 – Advance health directive explanatory guide](#) and the [Queensland Capacity Assessment Guidelines 2020](#).

An eligible witness **must** be a:

- » justice of the peace (JP)
- » commissioner for declarations
- » lawyer
- » notary public.

The witness **must not** be:

- » the person signing for you
- » your attorney (e.g. under an advance health directive or enduring power of attorney)
- » someone related to you or related to your attorney
- » a paid carer or health provider for you (i.e. your health provider)
- » a beneficiary under your will.

By signing this document, I confirm that:

- » I am making this advance health directive freely and voluntarily.

AND

- » I understand the nature and effect of this advance health directive including:
 - » the nature and likely effects of each direction in this advance health directive
 - » that a direction operates only while I do not have capacity for the health matter covered by the direction
 - » that I may revoke a direction at any time I have the capacity to make a decision about the health matter covered by the direction
 - » that at any time I do not have capacity to revoke a direction, I will be unable to effectively oversee the implementation of the direction.

AND

- » I understand that if I am appointing an attorney(s) for health matters that:
 - » I may specify or limit my attorney(s)' power and instruct my attorney(s) about the exercise of the power
 - » the power given to my attorney(s) begins when I lose capacity to make decisions for health matters
 - » once my attorney(s)' power begins, my attorney(s) will have full control over, and power to make decisions about, health matters subject to any terms or information included in this advance health directive
 - » I may revoke the power given to my attorney(s) in this advance health directive at any time I am capable of making an advance health directive giving the same power
 - » the power I am giving to my attorney(s) continues even if I do not have capacity to make decisions about health matters
 - » if I am not capable of revoking this advance health directive, I will not be able to oversee the use of the power given to my attorney(s) for health matters.

ONLY SIGN THIS PART IN FRONT OF AN ELIGIBLE WITNESS

Principal's signature: _____ **Date:** _____

Witness's signature: _____ **Date:** _____

(Witness must also sign page 12)

Person signing for the principal

If you are physically unable to sign this form another person who is eligible must sign the form for you.

Refer to section 7, page 15 of [Form 10 – Advance health directive explanatory guide](#).

By signing this document, I confirm that:

- » the principal instructed me to sign this document
- » I am 18 years or older
- » I am not a witness for this advance health directive
- » I am not an attorney of the principal.

Name			
Address			
Suburb	State	Postcode	

ONLY SIGN THIS PART IN FRONT OF THE PRINCIPAL AND AN ELIGIBLE WITNESS

Person signing for the principal signs here: _____ **Date:** _____

Witness's signature: _____ **Date:** _____

Ensure you and the principal or eligible signer only complete the relevant section.

OR

Insert your seal of office or prescribed mark of office and your registration number beside or below your signature. Ensure to also insert the date.

WITNESS CERTIFICATE

This part must be filled in and signed by the eligible witness at the same time that you sign the advance health directive.

INFORMATION FOR THE WITNESS

As a witness you are not simply witnessing the principal's signature.

You must also be satisfied that the principal appears to have capacity to make the advance health directive.

Refer to section 7, page 16 and pages 20–21 of [Form 10 – Advance health directive explanatory guide](#) and the [Queensland Capacity Assessment Guidelines 2020](#).

If an interpreter assisted in the preparation of this document or if an interpreter is present when this document is witnessed, complete [Form 7 – Interpreter's/ translator's statement](#) at www.publications.qld.gov.au

Insert your seal of office or prescribed mark of office and your registration number beside or below your signature.

By signing this document, I certify that: *(Tick one box only)*

- the principal signed this advance health directive in my presence
- OR** Ensure you tick the relevant box in this section depending if you witnessed the principal's signature or the signature of an eligible signer that was instructed to sign by the principal.
- in my presence, the principal instructed another person to sign this advance health directive for the principal, and that person signed it in my presence and in the presence of the principal.

AND

» I am a: *(Tick one box only)*

- justice of the peace (JP)
- commissioner for declarations
- lawyer
- notary public.

Ensure you tick the relevant box to indicate your qualification.

» I am not:

- » the person signing the document for the principal
 - » an attorney of the principal
 - » a relation of the principal or relation of an attorney of the principal
 - » a paid carer or health provider of the principal
 - » a beneficiary under the principal's will.
- » I have verified that section 5 of this advance health directive has been signed and dated by a doctor.
- » At the time of making this advance health directive the principal appears to me to have the capacity to make this advance health directive. The principal appears to:
- » understand the nature and effect of this advance health directive
 - » be capable of making the advance health directive freely and voluntarily.

This document (including any additional pages) has _____ pages.

Insert the total number of pages of the form here (including any additional pages).

Witness's signature: _____ **Date:** _____

(Witness must also sign page 11)

Witness's name: Insert your full name (including any given names). _____