



West Virginia e-Directive Registry Sign-Up Form with Additional Required Demographic Information

In October 2010, West Virginia advance directive and medical order forms were changed to include more demographic information. Forms that do not include demographic information and an opt-in box at the top must include this completed sign-up form in order to be included in the WV e-Directive Registry. Please contact 877-209-8086 for more information and questions.

OPT-IN:

Complete this form and submit it to the WV e-Directive Registry if you agree with the following statement:

"I give my permission to have the attached or previously submitted forms included in the WV e-Directive Registry and released to treating health care providers."

Note: If the principal of the form lacks decision-making capacity, permission for the above statement may only be granted by the individual's authorized, legal representative.

Full Legal Name

Address

City, State, Zip Code

_____/_____/_____
Date of Birth

_____-_____-_____
Last 4 SSN

Male Female
Sex
(circle one)

WV e-Directive Registry
64 Medical Center Drive
PO Box 9022 Health Sciences North
Morgantown, WV 26506-9022
Phone: 304-293-0695
FAX: 844-616-1415