**DECLARATION OF SURROGACY FOR**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Pursuant to “*Public Health Surgical or Medical Procedures; Consents Uniform Health-Care Decisions Act”* found in Miss. Code Ann. § 41-41-211 (2017), I hereby declare that I am the sister of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and as such am her qualified surrogate under the statute*.* Since my sister does not have a spouse or an adult child, then as her sister I am the next available surrogate pursuant to § 41-41-211(3). It is my intention to serve in this role to make health care decisions for her when she is not able to make them for herself.

To the best of my knowledge, my sister currently lacks capacity to make health care decisions, and no agent or guardian has been appointed or is reasonably available. I am familiar with her personal values, wishes and desires, and to the greatest degree possible will make all decisions with these in mind.

Signed this the \_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2020.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name:

 Address:

 Phone:

State of Mississippi
County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_

On this the \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_, in the year 2020, before me, appeared \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this instrument, and acknowledged that he or she executed it. I declare under the penalty of perjury that the person whose name is subscribed to this instrument appears to be of sound mind and under no duress, fraud or undue influence.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature of Notary Public)

Notary Seal