

**Vermont Advance Directive Registry**  
**Administrative Form: VADR Registration Agreement & Authorization to Change**  
(Documents A & B per Vermont Advance Directive Rule)

**Directions**

1. Read the **Registration Policy on page 3** and complete the **Required Registrant Information on page 1**.
  - a. **First-time Registrants:** Complete **Document A: Registration Agreement on page 2**.
  - b. **Current Registrants:** If you are already registered and submitting an update, complete **Document B: Authorization to Change on page 2**.
2. Attach a signed and witnessed copy of your Advance Directive. *Witnesses to your Advance Directive cannot be your health care agent or immediate family (spouse, parents, children, siblings or grandchildren).*
3. Submissions via mail, email, or fax must include pages 1 and 2 of this Administrative Form and all pages of your completed Advance Directive.
4. Once complete, forms can be submitted via mail, email, or fax:

**Mail:** Vermont Ethics Network  
61 Elm Street, Suite 1  
Montpelier, VT 05602

**Fax:** 1-802-828-2646  
**Email\*:** [VADRSupport@vtethicsnetwork.org](mailto:VADRSupport@vtethicsnetwork.org)  
*\*Email submissions must be in PDF format.*

Vermont registrants can now also submit new registrations or updates via on-line user upload. User upload does not require this administrative form. For more information and links to upload your document from your home computer, visit [www.vtethicsnetwork.org/vadr](http://www.vtethicsnetwork.org/vadr). **For support with your submission, call 1-802-828-2909 or email [VADRSupport@vtethicsnetwork.org](mailto:VADRSupport@vtethicsnetwork.org)**

**Required Registrant Information**

**Name:** First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_ Suffix: \_\_\_\_\_

**Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (month/day/year)

**Mailing Address:** \_\_\_\_\_ **Apt/Unit:** \_\_\_\_\_

**Town/City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone Number:** Primary ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ Other ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

**Email Address:** \_\_\_\_\_

*\*Registrants must provide an email address to receive annual account reminders.*

**Emergency Contacts**

*Please list cell number first if available*

**Primary: Name:** \_\_\_\_\_ **Relationship to Registrant:** \_\_\_\_\_

**Phone Number:** ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ **Alternate Phone Number:** ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

**Secondary (optional): Name:** \_\_\_\_\_ **Relationship to Registrant:** \_\_\_\_\_

**Phone Number:** ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

**Note:** *Emergency contacts do not need to be the same as your appointed health care agents. Changing your emergency contacts will not change your health care agent.*

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**Document A: Registration Agreement**

*Complete this section if this is your first time submitting an Advance Directive to the Vermont Advance Directive Registry.*

I, \_\_\_\_\_ (print name) request that my Advance Directive be registered in the Vermont Advance Directive Registry, and authorize its access as allowed by Vermont law. By signing below, I acknowledge and affirm that: the information provided is accurate; I have read, understand, and agree to the terms of the Registry Registration Policy; I will safeguard my registrant identification number and wallet card from unauthorized access; and I will immediately notify the Registry in writing of changes to my registration information or advance directive. I execute this agreement voluntarily and without coercion, duress, or undue influence by any party. I understand that anyone who has access to my wallet card can use it to gain access to my documents and personal information. This authorization remains in effect until I revoke it.

**Signature of Registrant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Document B: Authorization to Change**

*Complete this section if you are currently registered and submitting an updated Advance Directive or making updates to an Advance Directive already on file with the Vermont Advance Directive Registry.*

**Check the box below that applies to your submission.**

- ☐ **Replace:** Check this box to replace your existing Advance Directive. This option will remove older documents from your account and save only the most recent submission.
- ☐ **Amend:** Check this box to amend your existing Advance Directive. This option will keep your prior documents on file with the newest document first (reverse chronological order).
- ☐ **Suspend:** Check this box to temporarily inactivate all or part of your Advance Directive for a specified period.  
Begin suspension on this date: \_\_\_\_\_  
End suspension on this date: \_\_\_\_\_  
Suspension details (parts of Advance Directive being suspended, reason for suspension):  
\_\_\_\_\_
- ☐ **Revoke:** Check this box to remove your Advance Directive from the Vermont Advance Directive Registry. Your account with the Vermont Advance Directive Registry will be closed and your document will not be accessible to health care facilities. Your Advance Directive will remain valid.

I, \_\_\_\_\_ (print name) certify that this form accurately represents the changes I have made, and these changes are accurate. Additionally, I authorize the changes to be reflected in the Vermont Advance Directive Registry.

**Signature of Registrant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**Registration Policy**

An advance directive is a legal document that conveys a person's wishes regarding their health care treatment and end of life choices should they become incapacitated or otherwise unable to make those decisions. The Vermont Advance Directive Registry is a database that allows people to electronically store a copy of their advance directive document in a secure database. That database may be accessed when needed by authorized health care providers, health care facilities, residential care facilities, funeral directors, and crematory operators. For more information, visit:

<http://healthvermont.gov/vadr/> .

1. To register an advance directive via mail, fax, or email, the registrant must complete and send the Registration Agreement form along with a copy of the advance directive document to:

**Mail:**

Vermont Ethics Network,  
61 Elm Street, Suite 1  
Montpelier, Vermont 05602

**Fax:** 1-802-828-2646**Email:** [VADRSupport@vtethicsnetwork.org](mailto:VADRSupport@vtethicsnetwork.org)*\*Email submissions must be in PDF format*

2. Registrants who upload their document via user upload do not need to complete the Registration Agreement or Authorization to Change form. The necessary agreements and authorization will be completed during the on-line upload process.
3. Upon receipt of the Registration Agreement and attachments, the Registry will scan the advance directive and store it in the database along with registrant identifying information from the Registration Agreement. The Registry will send a confirmation letter to the registrant along with a registration number, instructions for using the registration number to access documents at the Registry website, a wallet card, and stickers to affix to a driver's license or insurance card. The registration is not effective until receipt of the confirmation letter and registration materials is made by registrant.
4. Registrants should share the registration number from the wallet card with anyone that should have access to their advance directives: for example, the registrant's agent, family members, or physician. Anyone may access a person's advance directive using the registration number. Additionally, when the registration number is not readily available, an authorized health care provider can search the Registry for a specific person's advance directive using a registrant's personal identifying information.
5. The registrant is responsible for ensuring that:
  - a. The advance directive is properly executed in accordance with the laws of the state of Vermont.
  - b. The copy of the advance directive sent to the Registry, if a photocopy of the original, is correct and readable.
  - c. The information in both the Registration Agreement and advance directive documents is accurate and up to date.
  - d. The Registry is notified as soon as possible of any changes to the advance directive or registration information by completing and submitting an Authorization to Change form with the changes appended, or preferably, with an updated copy of the advance directive to the Registry.
6. Initial registration as well as subsequent changes and updates to the registration information or the advance directive documents are free of charge.
7. The Registration Agreement shall remain in effect until the Registry receives reliable information that the registrant is deceased, or the registrant requests in writing that the Registration Agreement be terminated. When the Agreement is terminated, the Registry will remove registrant's advance directive from the Registry database, and the file will no longer be accessible to providers.
8. Only the Registry can change the terms of the Registration Agreement.