

BRITISH COLUMBIA REPRESENTATION AGREEMENT

IMPORTANT INFORMATION AND INSTRUCTIONS

This service has been completely revised and updated to reflect changes in the *Representation Agreement Act* of British Columbia that came into effect in September 2011.

In British Columbia, the *Representation Agreement Act* has been in effect since 2000. This allows you to name a person to make important decisions on your behalf.

This service allows you to create a Representation Agreement under Section 9 of the *Representation Agreement Act* of British Columbia.

This document can be used by anybody over the age of 19 and allows you to name a Representative and make your own health care decisions, either independently or with support from family and friends.

This Representation Agreement must be dated and signed by its maker in the presence of two witnesses. It must also be signed by the witnesses in the presence of the maker of the Representation Agreement.

This Representation Agreement can be revoked only by completing the Revocation of Representation Agreement form included as part of this service. This revocation declaration must be delivered to all interested parties before the Representation Agreement is revoked.

REPRESENTATION AGREEMENT (SECTION 9)

Made under Section 9 of the *Representation Agreement Act* of British Columbia.

1. THIS REPRESENTATION IS MADE BY ME, THE ADULT:

Mr John Doe, of 123 Sussex Drive, Vancouver, British Columbia, Canada.

2. REVOCATION OF PREVIOUS INSTRUMENTS

I revoke all of the following made by me:

- a. All previous Representation Agreements granting authority under section 7 of the Representation Agreement Act;
- b. All previous Representation Agreements granting authority under section 9 of the Representation Agreement Act.

3. REPRESENTATIVE

I name the following person to be my Representative:

Name: Brian Doe

Relationship: Brother

Address: 123 Main Street, Vancouver, British Columbia, V3C 1B2, Canada

Home phone number: 250 123 3344

4. ALTERNATE REPRESENTATIVE

If the person I have appointed cannot or will not be my Representative because of refusal, resignation, death, divorce, mental incapacity, or removal by the Court, I substitute the following person to be my Representative in the same manner and subject to the same authority as the person he or she is replacing:

Name: Sally Gray

Relationship: Cousin

Address: 2233 Second Avenue, Victoria, British Columbia, V4S 2H1, Canada

Home phone number: 250 445 2233

5. EVIDENCE OF AUTHORITY OF ALTERNATE REPRESENTATIVE

A statutory declaration made by me, my Representative, or my Alternate Representative, declaring that one of the circumstances referenced in section 4 of this Representation Agreement has occurred, and specifying that circumstance, is sufficient evidence of the authority of my Alternate Representative to act in place of my Representative.

6. AUTHORITY OF REPRESENTATIVE

Pursuant to section 9 (1) (a) of the *Representation Agreement Act*, I authorise my Representative to do anything that the Representative considers necessary in relation to my personal care and health care.

7. INSTRUCTIONS OR WISHES

If at such a time the situation arises in which there is no reasonable expectation of my recovery from severe physical or mental disability to a state of meaningful interaction with loved ones, family or friends, I direct that I be allowed to die and not be kept alive by medications, artificial means, or 'heroic measures'. In particular, I would like the following directions to be followed:

Measures of artificial life-support, in the above stated situation, that I refuse are:

Cardiopulmonary resuscitation and admittance into an intensive care unit.

Mechanical respiration when I cannot breathe by myself.

Prolonged gastric tube or intravenous feeding when I am indefinitely unable to eat through my mouth.

Antibiotic medication to treat or prevent infection.

I request to live my last days at home rather than a hospital, if my family agrees.

If any of my tissues or organs are healthy and useful for other people I give permission for all such donation.

I DO NOT wish to have medication mercifully administered to me in order to avoid suffering.

8. EFFECTIVE DATE

This Representation Agreement becomes effective on the date it is executed.

*STATEMENT BY THE PERSON COMPLETING THIS
REPRESENTATION AGREEMENT*

I have read and understood all sections of this Representation Agreement.

These statements are made after careful consideration and reflect my own personal beliefs. They have been expressed within this document with the hope that those who care for me and make health care decisions on my behalf will feel morally bound to respect my wishes.

*PERSONAL INFORMATION AND SIGNATURE
(of person making this Representation Agreement)*

Name: Mr John Doe

Address: 123 Sussex Drive, Vancouver, British Columbia, Canada

Signature: _____

Date: _____

