

Enduring Power of Guardianship – Western Australia Checklist

GRANTOR

Full Name	
Address (No. Street Name, Suburb, Postcode, Country)	
Date of Birth	

GUARDIAN/S – MAXIMUM OF 2

GUARDIAN 1	
Full Name	
Address (No. Street Name, Suburb, Postcode, Country)	
GUARDIAN 2	
Full Name	
Address (No. Street Name, Suburb, Postcode, Country)	

ADVANCED HEALTH CARE DIRECTIVE

Has the Grantor previously made an Advanced Health Care Directive?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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