

## Enduring Power of Guardianship – Western Australia Checklist

☐ **GRANTOR**

<b>Full Name</b>	
<b>Address (No. Street Name, Suburb, Postcode, Country)</b>	
<b>Date of Birth</b>	

☐ **GUARDIAN/S – MAXIMUM OF 2**

<b>GUARDIAN 1</b>	
<b>Full Name</b>	
<b>Address (No. Street Name, Suburb, Postcode, Country)</b>	
<b>GUARDIAN 2</b>	
<b>Full Name</b>	
<b>Address (No. Street Name, Suburb, Postcode, Country)</b>	

☐ **ADVANCED HEALTH CARE DIRECTIVE**

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