

**REQUEST FOR REGISTRATION OF OMBUDSMAN WITNESS FOR
ADVANCE HEALTH CARE DIRECTIVES AND PROPERTY TRANSFERS**

PSA Number: **Program Name:**

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The Ombudsman Representatives named below have taken a minimum of two hours of training in the procedures for witnessing. Please register the individuals listed below as witnesses for Advance Health Care Directives and property transfers.

1.		2.	
3.		4.	
5.		6.	
7.		8.	
9.		10.	

Program Coordinator Signature

/ /

Date