Texas Department of Aging
and Disability Services

Form 2727
April 2007

Waiver of Designation as Surrogate Decision Maker

Please type or print clearly

Facility Name	Vendor Number
Individual's Name	Social Security Number

Department Use
_____
Case Number (to be assigned by SDM)

I, _____ , have been designated by the interdisciplinary team of the above-named facility as eligible to serve
(Respondent's Name)

in the capacity of surrogate decision maker for _____ , who is my _____ .
(Individual's Name) (Relationship to Respondent)

I waive my right to serve in that capacity. Further, I consent to the designation of _____ who is
(Name of SDM Designee)

_____ as the surrogate decision maker. Should the designated surrogate decision maker be unwilling
(Relationship to Respondent)

or unable to serve in such capacity, I ☐ **do** / ☐ **do not** want to be considered to serve as a designated surrogate decision maker.
(Check One)

This waiver will continue in effect until revoked by me in writing and delivered to: _____ .
(Facility Name)

Printed Name – Respondent	Signature – Respondent	Date

Respondent's Address (Street, City, State, ZIP)	Respondent's Phone Number

Printed Name – Witness	Signature – Witness	Date

Witness' Address (Street, City, State, ZIP)	Witness' Phone Number