

# LIVING WILL (ADVANCE DIRECTIVE) SAMPLE

Full Legal Name:

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Date of Birth:

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Address:

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## Introduction

This is my Living Will, also known as my Advance Directive. I am making this statement to direct my medical care in the event I am unable to communicate my wishes.

### 1. Preferred Medical Treatments

If I have an incurable or irreversible condition that will result in my death within a relatively short time, or if I am permanently unconscious, I do not want life-sustaining treatments to be used to prolong my life, and I request that I be allowed to die naturally.

### 2. Comfort Care

I ask that medication be given to me to alleviate pain and suffering, even if it may hasten my death.

### 3. Nutrition and Hydration

- ☐ I wish to receive artificial nutrition and hydration.
- ☐ I do not wish to receive artificial nutrition and hydration.
- (Please check your preference above)

### 4. Other Special Instructions

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## Designation of Health Care Agent (Optional)

Name of Agent:

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Relationship:

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Phone Number:

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I understand the full import of this directive and I am emotionally and mentally competent to make this decision.

**Signature of Declarant:**

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**Date:**

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**Witnesses**

We declare that the person who signed or acknowledged this Living Will is personally known to us and appears to be of sound mind.

**Witness #1 Signature:**

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**Name:**

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**Witness #2 Signature:**

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**Name:**

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