

LIVING WILL (ADVANCE DIRECTIVE) SAMPLE

Full Legal Name:

Date of Birth:

Address:

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

Designation of Health Care Agent (Optional)

Name of Agent:

Relationship:

Phone Number:

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

Signature of Declarant:

Date:

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:

Name:

Witness #2 Signature:

Name:
