

# Living Will Template for End-of-Life Decisions

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## Personal Information

Full Name:

Date of Birth:

Address:

## Statement of Intent

This Living Will is made by me, the undersigned, to direct my health care providers and others involved in my care, to withhold or withdraw medical treatment that only prolongs the dying process if I am unable to communicate my wishes and am diagnosed with a terminal condition or am in a permanent state of unconsciousness.

## End-of-Life Decisions

- I do \_\_\_\_\_ (do / do not) want life-prolonging procedures to be withheld or withdrawn if such procedures would only prolong the process of dying.
- I do \_\_\_\_\_ (do / do not) want artificially administered nutrition and hydration if I am terminally ill or permanently unconscious.
- I do \_\_\_\_\_ (do / do not) want medication to alleviate pain or discomfort, even if it may hasten my death.

## Other Instructions

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## Designation of Health Care Agent (Optional)

Name of Health Care Agent:

Address:

Phone:

**Alternate Agent (Optional):**

Alternate Agent Name

Alternate Agent Phone

**Signature**

Signature of Declarant

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Date

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Witness Signature

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Date

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This document is a sample only. For legal validity, please consult your local laws and requirements.