

# Living Will Example for Healthcare Decisions

This is a sample Living Will form. Please consult your attorney for the legally valid version in your state.

## 1. Personal Information

Full Name:

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Date of Birth:

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Address:

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## 2. Statement of Intent

This Living Will expresses my wishes regarding medical treatment in the event I am unable to communicate or make decisions for myself. I make this declaration while in sound mind.

## 3. Directive to Physicians

If at any time I should have an incurable injury, disease, or illness certified to be a terminal condition by two physicians, one of whom is my attending physician, and where the application of life-sustaining procedures serves only to prolong the dying process, I direct that such procedures be withheld or withdrawn, and that I be permitted to die naturally.

## 4. Specific Instructions

- Nutritional Support:** I do / do not (circle one) want artificial nutrition and hydration if it is the only thing keeping me alive.
- Pain Relief:** I do / do not (circle one) want maximum pain relief treatment, even if it may hasten my death.
- Other instructions:**

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## 5. Appointment of Healthcare Proxy (Optional)

If I am unable to make decisions, I appoint:

Name of Healthcare Agent:

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Phone:

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**Alternate Agent:**

Name:

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Phone:

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## 6. Organ Donation (Optional)

(Initial one)

I wish to donate my organs and tissues.

I do not wish to donate my organs and tissues.

## 7. Signatures

Signature of Declarant:

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Date:

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Witness #1:

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Witness #2:

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