

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:

Date of Birth:

Address:

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of life-sustaining procedures serves only to prolong the dying process, I direct that such procedures be withheld or withdrawn, and that I be permitted to die naturally.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

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

5. Appointment of Healthcare Proxy (Optional)

If I am unable to make decisions, I appoint:

Name of Healthcare Agent:

Phone:

Alternate Agent:

Name:

Phone:

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:

Date:

Witness #1:

Witness #2:
