

**LIVING WILL  
OF**

**TO: MY FAMILY, MY PHYSICIAN, MY LAWYER, MY CLERGYMAN**

**TO: ANY MEDICAL FACILITY IN WHOSE CARE I HAPPEN TO BE**

**TO: ANY INDIVIDUAL WHO MAY BECOME RESPONSIBLE FOR MY HEALTH, WELFARE OR AFFAIRS:**

I, \_\_\_\_\_, being of sound mind, willfully and voluntarily make this declaration to be followed if I become incompetent. This declaration reflects my firm and settled commitment to refuse life-sustaining treatment under the circumstances indicated below.

**I direct my attending physician to withhold or withdraw life-sustaining treatment that serves only to prolong the process of my dying, if I should be in a terminal condition or in a state of permanent unconsciousness.**

I direct that treatment be limited to measures to keep me comfortable and to relieve pain, including any pain that might occur by withholding or withdrawing life-sustaining treatment.

In addition, if I am in the condition described above, I feel especially strong about the following forms of treatment:

I ( ) do ( ) do not want cardiac resuscitation.

I ( ) do ( ) do not want mechanical respiration.

I ( ) do ( ) do not want tube feeding or any other artificial or invasive form of nutrition (food) or hydration (water).

I ( ) do ( ) do not want blood or blood products.

I ( ) do ( ) do not want any form of surgery or invasive diagnostic tests.

I ( ) do ( ) do not want kidney dialysis.

I ( ) do ( ) do not want antibiotics.

I realize that if I do not specifically indicate my preference regarding any of the forms of treatment listed above, I may receive that form of treatment.

Other instructions:

I ( ) do ( ) do not want to designate another person as my surrogate to make medical treatment decisions for me if I should be incompetent and in a terminal condition or in a state of permanent unconsciousness. Name and address of surrogate (if applicable):

Name

Address

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Name and address of substitute surrogate (if surrogate designated above is unable to serve):

Name

Address

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I made this declaration on the \_\_\_ day of \_\_\_\_\_ 20\_\_.

Declarant's signature:

\_\_\_\_\_

Declarant's address:

\_\_\_\_\_

The declarant or the person on behalf of and at the direction of the declarant knowingly and voluntarily signed this writing by signature or mark in my presence.

Witness' Signature: \_\_\_\_\_

Witness' Address: \_\_\_\_\_

Witness' Signature: \_\_\_\_\_

Witness' Address: \_\_\_\_\_