

Name: _____
MRN: _____
Date of Birth: _____



Living Will Declaration

This declaration is made this _____ day of _____ (month), _____ (year).

I _____ (full name), born on _____, being of sound mind, willfully and voluntarily make known my desires that my moment of death shall not be artificially postponed.

If at any time I should have an incurable and irreversible injury, disease, or illness judged to be a terminal condition by my attending physician who has personally examined me and has determined that my death is imminent except for death delaying procedures, I direct that such procedures which would only prolong the dying process be withheld or withdrawn, and that I be permitted to die naturally with only the administration of medication, sustenance, or the performance of any medical procedure deemed necessary by my attending physician to provide me with comfort care.

In the absence of my ability to give directions regarding the use of such death delaying procedures, it is my intention that this declaration shall be honored by my family and physician as the final expression of my legal right to refuse medical or surgical treatment and accept the consequences from such refusal.

YOU AND TWO WITNESSES MUST SIGN THIS FORM BEFORE IT IS VALID.

Declarant signature: _____

City: _____ County: _____ State of Residence: _____

TWO WITNESSES MUST AGREE TO THE FOLLOWING AND SIGN BELOW (REQUIRED).

- I am at least 18 years of age AND I either saw the declarant sign this document OR the declarant told me that the signature or mark on the declarant signature line is his/hers. I did not sign the declarant's signature above for or at the direction of the declarant.
- I am not the declarant named in this document. The declarant is known to me and I believe him or her to be of sound mind. I am signing this declaration as a witness in the presence of the declarant.
- I am not entitled to any portion of the estate of the declarant according to the laws of intestate succession or, to the best of my knowledge and belief, under any will of declarant or other instrument taking effect at declarant's death, or directly financially responsible for declarant's medical care.

Witness #1 signature: _____ Phone: _____

Address: _____

Witness #2 signature: _____ Phone: _____

Address: _____

