

Living Will Directive

Personal Information

Name: _____

Date of Birth: _____

Address: _____

Statement of Intent

I, _____, being of sound mind, voluntarily make this declaration to be followed if I become unable to participate in decisions about my medical care.

Directive

If at any time I should have an incurable injury, disease, or illness certified by my physician to be a terminal condition, I direct that life-sustaining procedures that would serve only to prolong the dying process be withheld or withdrawn, and that I be permitted to die naturally.

Additional instructions (if any):

Health Care Proxy/Agent

I designate the following person as my health care proxy/agent to make health care decisions on my behalf if I am unable to do so:

Name: _____

Relationship: _____

Phone: _____

Signatures

_____ Signature

_____ Date

_____ Witness #1 Signature

_____ Date

_____ Witness #2 Signature

Date