

Living Will and Testament

This form allows you to declare your medical care preferences and directives.

Personal Information

Full Name

Date of Birth

Address

Healthcare Preferences

Medical Treatment Preferences

Other Directives or Instructions

Healthcare Proxy (if any)

Name of Healthcare Proxy

Contact Information

Signature

Date

Signature

Witnesses

Witness 1 Name

Witness 1 Signature

Date

Witness 2 Name

Witness 2 Signature

Date