

End-of-Life Care Directive

Personal Information

Full Name

Date of Birth

Address

Healthcare Agent/Proxy

Name of Healthcare Agent/Proxy

Contact Information

Medical Treatment Preferences

Life-Sustaining Treatments (e.g., CPR, ventilation, feeding tube)

Pain Management & Comfort Care

Other Wishes/Instructions

Organ & Tissue Donation

Organ/Tissue Donation Preferences

Signatures

Your Signature

Date

Witness Signature

Date