

# Advance Directive / Living Will

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

I believe that my life is precious, and I deserve to be treated with dignity. If the time comes that I am very sick or unable to think and am not able to speak for myself, I would like for my wishes to be respected and followed. The instructions that I am including in this section are to let my family, my doctors and other health care providers, my friends and all others know the kind of medical treatment that I want or do not want.

If at any time I should have an incurable injury, disease, or illness, or be in a continual, profound comatose state with no reasonable chance of recovery, certified to be in a terminal and irreversible condition by two physicians who have personally examined me, one of whom shall be my attending physician, and the physicians have determined that my death will occur whether or not life-sustaining procedures are utilized and where the application of life-sustaining procedures would serve only to prolong artificially the dying process, I would like the following instructions to be followed.

(Choose **one** of the following):

- That all life-sustaining procedures, including nutrition and hydration, be withheld or withdrawn so that food and water will not be administered invasively.
- That life-sustaining procedures, except nutrition and hydration, be withheld or withdrawn so that food and water can be administered invasively.

I further direct that I be permitted to die naturally with only the administration of medication or the performance of any medical procedure deemed necessary to provide me with comfort care.

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

I understand the full impact of this declaration, and I am emotionally and mentally competent to make this decision.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Witnesses (must be 18 years of age or older and not related by blood or marriage or stand to gain financially in the event of your death.)

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\_\_\_\_\_

Witness 1 Signature

Witness 1 Print Name

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Witness 2 Signature

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Witness 2 Print Name