



ADVANCE DIRECTIVE - LIVING WILL

Declaration made this ____ day of _____, _____. I, _____, willfully and voluntarily make known my desire that my dying not be artificially prolonged under the circumstances set forth below, and I do hereby declare:

If at any time I am incapacitated, and I have a terminal condition, or
 I have an end-stage condition, or
 I am in a persistent vegetative state

and if my attending or treating physician and another consulting physician have determined that there is no reasonable medical probability of my recovery from such condition, I direct that life-prolonging procedures be withheld or withdrawn when the application of such procedures would service only to prolong artificially the process of dying, and that I be permitted to die naturally with only the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 or to alleviate pain.

It is my intention that this declaration be honored by my family and physician as the final expression of my legal right to refuse medical or surgical treatment and to accept the consequences for such refusal.

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

OPTIONAL PROVISIONS:

In the event that I have been determined to be unable to provide express and informed consent regarding the withholding, withdrawal, or continuation of life-prolonging procedures, I wish to designate, as my surrogate to carry out the provisions of this declaration:

Name: _____

Address: _____

Zip Code: _____

Phone: _____

Additional Instructions (check)

- I do not want nutrition (food) to be provided to me if these procedures would serve only to prolong artificially the process of dying.
- I do not want hydration (water) to be provided to me if these procedures would serve only to prolong artificially the process of dying.
- I want nutrition (food) provided to me at all times, even if these procedures would serve only to prolong artificially the process of dying.
- I want hydration (water) provided to me at all times, even if these procedures would serve only to prolong artificially the process of dying.

Signed: _____

[Neither witness can be a designated surrogate. One of the witnesses must be unrelated (by blood or marriage) to Principal]:

Witness _____

Witness _____

Address _____

Address _____

Telephone Number _____

Telephone Number _____

Consents and Legal > Advance Directives

*** ADLW***
ADLW