

# Living Will

Declaration made this \_\_\_\_\_ day of \_\_\_\_\_ (month), \_\_\_\_\_ (year),  
I, \_\_\_\_\_ (your name), 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 that,  
if at any time I am mentally or physically incapacitated (please initial all that apply):

and \_\_\_\_\_ (initial) I have a terminal condition,  
or \_\_\_\_\_ (initial) I have an end stage condition,  
or \_\_\_\_\_ (initial) 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prolonging procedures be withheld or withdrawn when the application of such procedures would  
serve 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.

I \_\_\_\_\_ do/ \_\_\_\_\_ do not (initial one) desire that nutrition and hydration (food  
and water) be withheld or withdrawn when the application of such procedures would serve only to  
prolong artificially the process of dying.

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.

In the event 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 \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_

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

**Additional Instructions:** \_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_

Witness \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State & Zip \_\_\_\_\_  
Phone \_\_\_\_\_

Witness \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State & Zip \_\_\_\_\_  
Phone \_\_\_\_\_

*At least one witness must not be a husband or wife or a blood relative of the principal.*

