

**ADVANCE DIRECTIVE FOR HEALTH CARE
(LIVING WILL)**

I, _____ being of sound mind, willfully and voluntarily make this declaration to be followed if I become incompetent/incapacitated. This declaration reflects my firm and settled commitment to refuse life-sustaining treatment under the circumstances indicated below.

I direct my attending physician to withhold or withdraw life-sustaining treatment that serves only to prolong the process of my dying, if I should be in a terminal condition or in a state of permanent unconsciousness.

I direct that treatment be limited to measures to keep me comfortable and to relieve pain, including any pain that might occur by withholding or withdrawing life-sustaining treatment. In addition, if I am in the condition described above, I feel especially strongly about the following forms of treatment:

- I () do () do not want cardiac resuscitation
- I () do () do not want mechanical respiration
- I () do () do not want tube feeding or any other artificial or invasive form of nutrition (food) or hydration (water)
- I () do () do not want blood or blood products
- I () do () do not want any form of surgery or invasive diagnostic tests
- I () do () do not want kidney dialysis
- I () do () do not want antibiotics

I realize that if I do not specifically indicate my preference regarding any of the forms of treatment listed above, I may receive that form of treatment.

Other instructions: _____

I () do () do not want to designate another person as my surrogate to make medical treatment decisions for me if I should be incompetent/incapacitated and in a terminal condition or in a state of permanent unconsciousness.

Name and address of surrogate (if applicable): _____

Name and address of substitute surrogate (if surrogate designated above is unable to serve):

I make this declaration on the _____ day of _____, 200 .

Declarant's signature: _____

Declarant's address: _____

The declarant or the person on behalf of and at the direction of the declarant knowingly and voluntarily signed this writing by signature or mark in my presence:

Witness' signature: _____

Witness' address: _____

Witness' signature: _____

Witness' address: _____