

DATED:

LIVING WILL

OF

Living Will

TO MY FAMILY, MY PHYSICIAN, AND MY CLERIC
TO ANY MEDICAL FACILITY IN WHOSE CARE I HAPPEN TO BE.
TO ANY INDIVIDUAL WHO MAY BECOME RESPONSIBLE FOR MY HEALTH, WELFARE, OR
AFFAIRS.

Death is as much a reality as birth, growth, maturity, and old age. It is the one certainty of life. If the time comes when I, _____, can no longer take part in decisions for my own future, let this statement stand as an expression of my wishes, while I am still of sound mind.

If the situation should arise in which there is no reasonable expectation of my recovery from physical or mental disability, then I request that medication be mercifully administered to me to alleviate suffering, and that I be allowed to die and not be kept alive by artificial means. I do not fear death itself as much as the indignities of deterioration, dependence, and hopeless pain. In particular, I have the following instructions:

1. If I become incompetent to make my own healthcare decisions, if I do not understand the procedure being proposed and do not understand the consequences of my decisions/treatment, I designate _____ to make these decisions on my behalf;
2. When/if _____ becomes my guardian, he/she can decide who/who not to disclose my confidential medical information to;
3. I want my sickness and death to be as comfortable as possible. I do not want any extended suffering and no unnecessary, aggressive and extraordinary treatments. I will also leave this decision up to _____.

This request is made after careful consideration. I hope you who care for me will feel morally bound to follow its mandate. I recognize that this appears to place heavy responsibility on you, but it is with the intention of relieving you of such responsibility and of placing it on myself in accordance with my strong convictions, that this statement is made.

Date: _____ Name: _____

Signature

Witness (signature and print)

Witness (signature and print)

Copies of this request have been given to:

1. _____
2. _____
3. _____