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ADVANCE DIRECTIVES LIVING WILL

Declaration made this _____ day of _____, (20____), I _____,
DATE MONTH YEAR PRINT NAME

willfully and voluntarily make known my desire that my life not be artificially prolonged under the circumstances set forth below, and I do hereby declare that, in case I become incapacitated and:

_____ I have a terminal condition, or I have an end stage condition, or I am in a persistent vegetative state,
INITIAL

and if my primary physician and another consulting physician have determined that there is no reasonable medical probability of my recovery from such a condition, I direct that life-prolonging procedures be withheld or withdrawn when those procedures would serve only to artificially prolong the process of dying, and that I be permitted to die naturally with only the administration of medication or procedures 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 decline medical or surgical treatment.

DESIGNATION OF SURROGATE

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: _____ Name: _____
Address: _____ Address: _____

Phone: _____ Phone: _____

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

Additional Instructions (optional): _____

Patient Signature Date Time

Witness Signatures:

Signature: _____ Signature: _____
Printed Name: _____ Printed Name: _____
Address: _____ Address: _____
Phone: _____ Phone: _____

*** Note: Only one witness can be a spouse or blood relative**

Reference: Florida Statue 765.301-310

Required for Interpreter Services:

INTERPRETER ID # DATE TIME



LIVING WILL