

## LIVING WILL DECLARATION

DECLARATION made this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, 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 that, if at any time I am incapacitated and

\_\_\_\_\_ I have a terminal condition

\_\_\_\_\_ I have an end-stage condition

\_\_\_\_\_ I am in a persistent vegetative state

and if my primary 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medical probability of my recovery from such condition, I direct that life-prolonging procedures be withheld or withdrawn when the application of such procedures would serve only to prolong artificially the process of dying, and that I be permitted to die naturally with only the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.

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 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 health care surrogate to carry out the provisions of this declaration:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

If my health care surrogate is unable or unwilling to serve, I authorize as my health care surrogate to carry out the provisions of this declaration:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Additional Instructions (optional):

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Signatures: Sign and date the form here:

Date: \_\_\_\_\_ Sign your name: \_\_\_\_\_  
Address: \_\_\_\_\_ Print name: \_\_\_\_\_  
\_\_\_\_\_

The declarant is known to me and I believe him/her to be of sound mind.

Signatures of Witnesses:

<b>First Witness</b>	<b>Second Witness</b>
Print Name: _____	Print Name: _____
Address: _____ _____	Address: _____ _____
Signature: _____	Signature: _____
Date: _____	Date: _____

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me by means of  physical presence or  online notarization, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ by \_\_\_\_\_, [\_\_\_\_] who is personally known to me; OR [\_\_\_\_] who has produced a current Florida driver's license as identification.; OR [\_\_\_\_] who produced Other \_\_\_\_\_, as identification.

\_\_\_\_\_  
Notary Public  
Printed Name: \_\_\_\_\_  
Commission No.: \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_

(Affix Notary Seal)

Copies of this request have been given to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_