

LIVING WILL DECLARATION

To My Family, Doctors, and ALL those concerned with My Care:

Declaration made this _____ day of _____.

I, _____, pursuant to F.S. 765.05, 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:

If, at any time, I should have a terminal condition and if my attending physician has determined that there can be no recovery from such condition and that my death is imminent, I direct that life-prolonging procedures be withheld or withdrawn when the application of such procedures would serve only to prolong artificially the process of dying, and that I be permitted to die naturally with only the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 I do I do not desire that nutrition and hydration (food and water) be withheld or withdrawn when the application of such procedures, through artificial devices, would serve only to prolong artificially the process of dying.

In the absence of my ability to give directions regarding the use of such life-prolonging procedures, it is my intention that this declaration be honored by my designated health care surrogate, _____ (Surrogate's Name) whose address is, _____ Phone # (____) _____, 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.

If I have been diagnosed as pregnant and that diagnosis is known to my physician, this declaration shall have no force or effect during the course of my pregnancy.

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

Date

Patient's signature

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

(Witness - One of the 2 witnesses may NOT be a spouse NOR blood relative of the declarant.)

(Witness - Relationship)

(Witness - Relationship)

I hereby accept the designation of health care surrogate and agree to comply with the instructions as set forth in this Declaration.

Witness

(Surrogate's Signature)

Date