

Living Will

TO MY FAMILY, MY PHYSICIAN,
MY LAWYER, 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, _____,
(your name in full)

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: _____

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)

(Signature)

(Witness)

Copies of this request have been given to:

(Witness)