

**LIVING WILL**  
(Florida Statutes 765-303)

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 (initial as applicable)

- \_\_\_\_\_ I have a terminal condition
- \_\_\_\_\_ I have an end-stage condition
- \_\_\_\_\_ I am in a persistent vegetative state

and if my attending or treating 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medical probability of my recovery from such condition, I direct that life prolonging procedures be withheld or withdrawn when the application of such procedures would serve only to prolong artificially the process of dying, and that I be permitted to die naturally with only the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 surrogate to carry out the provisions of this declaration:

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

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

Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Additional instructions (optional):  
\_\_\_\_\_  
\_\_\_\_\_

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

Date: \_\_\_\_\_

Witnesses:

1. Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_  
Address: \_\_\_\_\_

2. Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_  
Address: \_\_\_\_\_

## To use your living will:

1. Sign and date the will before two witnesses.
2. Give your doctor a copy of the will and discuss it with him/her.
3. Give copies of the will to key persons involved in your welfare. The time may come when you can no longer take part in decisions regarding your future.
4. Keep the original easily accessible.
5. Discuss your intentions with those closest to you *now*.
6. Review your will once a year and re-date it, initialing the new date. This clearly states your wishes are unchanged.
7. When you're admitted to the hospital, have a copy of the will placed in your medical record.