

## LIVING WILL DECLARATION

To my family, physician, lawyer or any medical facility in whose care I happen to be, to any individual who may become responsible for my health, welfare or affairs. I, \_\_\_\_\_ (ID: \_\_\_\_\_), being of sound and disposing mind, memory and understanding, do hereby willfully and voluntarily make this declaration to be followed if I become incompetent or incapacitated to the extent that I am unable to communicate my wishes, desires and preferences on my own.

This declaration reflects my firm and settled commitment to refuse life-sustaining treatment under the circumstances indicated below.

I direct my attending physician to withhold or withdraw life-sustaining treatment that serves only to prolong the process of my dying, if I should be in a terminal condition or in a state of permanent unconsciousness.

I direct treatment to be limited to measures which are designed to keep me comfortable and to relieve pain, including any pain which might occur from the withholding or withdrawing of life-sustaining medical care or treatment.

In, Witness whereof, I have read and understand this Living Will, and I am freely and voluntarily signing it on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

**Signed:** \_\_\_\_\_

**ID Number:** \_\_\_\_\_

**Contact Number:** \_\_\_\_\_

### WITNESS

We declare that the person who signed or acknowledged this document is personally known to me, that he/she signed or acknowledged this Living Will Declaration in my presence, and that he/she appears to be of sound mind and under no duress, fraud, or undue influence

**Witness 1:** Signed \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

Contact Number \_\_\_\_\_

**Witness 2:** Signed \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

Contact Number \_\_\_\_\_