

**LIVING WILL DECLARATION**

Declaration made this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

I, \_\_\_\_\_, willfully and voluntarily make known my desire that my dying shall not be artificially prolonged under the circumstances set forth below, and do hereby declare:

If at any time I should have a terminal condition and my attending physician has determined that there can be no recovery from such condition and my death is imminent, where the application of life prolonging procedures would serve only to artificially prolong the dying process, I direct that such procedures be withheld or withdrawn, and that I be permitted to die naturally with only the administration of medication or the performance of any medical procedure deemed necessary to provide me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.

In the absence of my ability to give directions regarding the use of such life prolonging procedures, it is my intention that this declaration shall be honored by my family and physician as the final expression of my legal right to refuse medical or surgical treatment and accept the consequence of 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.

\_\_\_\_\_  
Signed (declarant)

The declarant is known to me and I believe this person to be of sound mind.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

ONE WITNESS SHALL BE NEITHER A SPOUSE, NOR A BLOOD RELATIVE OF THE DECLARANT.  
Format in compliance with Florida Statute 765.01, effective 10/01/85

(Provided by The Cardiovascular Prevention Center as a community service).