

## Living Will And Health Care Surrogate

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

I, \_\_\_\_\_

Of (mailing address) \_\_\_\_\_

(City, State) \_\_\_\_\_ Zip \_\_\_\_\_

Social Security Number \_\_\_\_\_ Phone \_\_\_\_\_

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 mentally or physically incapacitated

\_\_\_\_\_ (Initial) and I have a terminal condition, or

\_\_\_\_\_ (Initial) I have an end-stage condition, or

\_\_\_\_\_ (Initial) I am in a persistent vegetative state, or

\_\_\_\_\_ (Initial) I do not want to be tube fed

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medical probability of my recovery from such condition, I direct that life-prolonging procedures be withheld or withdrawn when the application of such procedures would serve only to prolong artificially the process of dying, and that I be permitted to die naturally with only the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 physicians 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 expressed 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 \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Zip \_\_\_\_\_

Alternate: Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Zip \_\_\_\_\_

Additional Alternates or Instructions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
Signature

_____	_____
# 1 Witness Signature	# 2 Witness Signature
_____	_____
Address	Address

Before me, the undersigned authority, on this \_\_\_ day of \_\_\_\_\_ 20\_\_\_\_  
Personally appeared (Declarant) \_\_\_\_\_ whose I.D. is \_\_\_\_\_  
(Print) (Driver's License #)  
#1 Witness \_\_\_\_\_ whose I.D. is \_\_\_\_\_  
(Driver's License #)  
#2 Witness \_\_\_\_\_ whose I.D. is \_\_\_\_\_  
(Driver's License #)

to be the Declarant and Witness, respectfully, whose names are signed to the forgoing instrument, and who, in the presence of each other, did freely subscribe their names to the attached Declaration (Living Will) on this date, and that each was over the age of majority and of sound mind.

\_\_\_\_\_ My Commission Expires:  
Notary Public

Citation: Florida Life-Prolonging Procedures Act, ss765. Changes (1190)  
(1991) (1992) (1994) (1998) (1999) (2001)