

Advanced Directive for Terminal Patients

Date: _____

To Whom It May Concern,

I, **[Your Full Name]**, born on **[Your Date of Birth]**, currently residing at **[Your Address]**, am of sound mind and hereby declare this document as my Advanced Directive regarding my healthcare in the event that I become unable to express my wishes regarding my medical treatment.

In the case of a terminal condition where I am unable to make decisions regarding my health and well-being, I direct that:

- I do not wish to receive life-sustaining treatments that only prolong the dying process.
- I prefer palliative care to alleviate pain and discomfort.
- If applicable, I would like to be kept comfortable and allowed to die naturally.

Additionally, I appoint **[Name of Healthcare Proxy]**, residing at **[Address of Healthcare Proxy]**, to be my healthcare proxy to make medical decisions on my behalf if I am unable to communicate my wishes.

This directive is made with the understanding that it reflects my desires and values regarding end-of-life care.

Signature: _____

Date: _____

Witnesses:

1. _____ Name: _____

2. _____ Name: _____