

Living Will Declaration

Date: [Insert Date]

I, [Your Full Name], born on [Your Date of Birth], residing at [Your Address], hereby declare this to be my Living Will.

Statement of Intent

It is my intention that this document serve as a declaration of my wishes regarding medical treatment and life support in the event that I am unable to communicate my preferences due to a terminal condition or irreversible coma.

Medical Treatment Preferences

In the event that I am diagnosed with a terminal condition, I do not wish to receive the following treatments:

- Cardiopulmonary resuscitation (CPR)
- Mechanical ventilation
- Artificial nutrition and hydration

Signature

Signed: _____

Print Name: [Your Full Name]

Witness

Witnessed by: _____

Date: _____

Additional Instructions

If there are further instructions or preferences, please include them here: [Insert Additional Instructions]

This declaration is made in accordance with my wishes and is meant to guide my family and healthcare providers in making decisions on my behalf.