

Advance Health Care Directive

Date: **[Insert Date]**

To Whom It May Concern:

I, **[Your Full Name]**, born on **[Your Date of Birth]**, residing at **[Your Address]**, hereby declare this Advance Health Care Directive to express my health care preferences in the event that I become unable to communicate my wishes.

SECTION 1: Appointment of Health Care Agent

I appoint **[Agent's Name]**, residing at **[Agent's Address]**, as my health care agent. If they are unavailable or unable to serve, I appoint **[Alternate Agent's Name]** as my alternate agent.

SECTION 2: Health Care Instructions

In the event of a terminal condition or persistent unconsciousness, I request the following:

- **[Specify Wishes Regarding Life-Sustaining Treatment]**
- **[Specify Wishes Regarding Pain Relief]**
- **[Other Specific Instructions]**

SECTION 3: Organ Donation

Upon my death, I wish to donate my organs for transplantation and/or research purposes as indicated below:

- **[Specify Preferred Organs for Donation]**

SECTION 4: Signatures

This directive is signed by me in the presence of the witnesses listed below:

Signature: _____

Printed Name: **[Your Printed Name]**

Witnesses

1. Witness: _____ Signature: _____

2. Witness: _____ Signature: _____

I understand this document expresses my health care preferences and is effective upon signing.

Thank you for your attention to my health care wishes.

Sincerely,

[Your Name]