

LIVING WILL

Name : _____

ID NO: _____

1. After careful consideration and at a time when I am of sound mind, I declare this to be my Living Will.
2. If the time comes when I can no longer take part in decisions for my own future, let this Living Will stand as my directive.
3. If there is no reasonable prospect of my recovery from physical illness or impairment in which I am suffering continual pain or am incapable of ever again living a rational existence and when I am no longer capable of being consulted regarding my wishes, I request that I be allowed to die with dignity and not be kept alive by artificial means. I request that whatever drugs are necessary to keep me comfortable during this period are administered even if they may reduce the length of my life.

SIGNED at on 2017
in the presence of the subscribing witnesses all present at the same time.

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Testatrix/Testator

WITNESSES

1.
Signature

2.
Signature

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Name

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Name

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ID No

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ID No