

LIVING WILL

Effective date: [DATE]. Complete the bracketed fields and remove unused options before signing.

Person making this statement: [FULL LEGAL NAME], [ADDRESS], [NOTICE EMAIL].

1. IDENTITY AND CONTACTS

Full name and date of birth: [DETAILS]. Address: [DETAILS]. Emergency contact: [NAME / DETAILS]. Healthcare representative, if separately appointed: [NAME / DOCUMENT REFERENCE]. Treating clinician contact, if desired: [DETAILS].

2. WHEN THESE WISHES APPLY

Situations in which these wishes are intended to apply: [SPECIFIC CONDITIONS]. How the applicable conditions and decision-making capacity are to be assessed: [DETAILS CONSISTENT WITH REQUIRED PROCESS]. While able to decide, my current choices take priority as applicable law provides.

3. TREATMENT PREFERENCES

Treatments I would accept in the specified circumstances: [DETAILS]. Treatments I would refuse in those circumstances: [DETAILS]. Preferences about resuscitation, ventilation, artificial nutrition or hydration, and comfort care, if I choose to address them: [SEPARATE SPECIFIC INSTRUCTIONS]. Unaddressed treatment choices are not automatically refused.

4. VALUES AND INTERPRETATION

Personal values, religious wishes, people to consult and other instructions: [DETAILS]. Resolve uncertainty through [CONTACT / PROCESS]. This statement does not itself appoint a healthcare decision-maker or serve as a clinical emergency-treatment order where a separate document is required.

5. COPIES, CHANGES AND SIGNING

Copies provided to: [NAMES / LOCATIONS]. Previous documents replaced, if any: [DETAILS]. Review or change record: [DATE / DETAILS]. Complete required form, capacity, witness and other formalities: [DETAILS]. Revocation and notification follow applicable requirements.

EXECUTION RECORD

Date and place: [DETAILS]. Required witnesses and declarations: [COMPLETE REQUIRED TEXT AND SIGNATURES]. Any required acknowledgment or additional form: [REFERENCE].

SIGNATURES

Person making this statement: [NAME]

Signature: _____ Date: _____

Signing capacity, if applicable: [TITLE / CAPACITY]