**LIVING WILL**

THIS LIVING WILL is made on the *FILL IN DATE*

I: *NAME*

Of: *ADDRESS*

Date Of Birth: DOB

Being of sound mind, I make this Advance Directive regarding my medical care and treatment directed to my family, my doctors and any other medical personnel, institution or authority in the event that I shall be unable to make my views known at any time.

I DIRECT as follows:

My life shall not be artificially prolonged and no life-sustaining treatment shall be administered, if at any time my attending doctor, consultant or surgeon and one independent medical practitioner certify in writing that in their opinion:

**a)** I have a terminal, incurable or irreversible injury, disease or illness; or

**b)** I am permanently unconscious, comatose, in a persistent vegetative state with no reasonable chance of recovery; and

**c)** I am no longer able to make decisions regarding my medical treatment.

In the above circumstances, I wish to be permitted to die naturally and to only receive such medical treatment as will alleviate any pain or distressing symptoms so as to make me more comfortable even if this has the effect of shortening my life.

**APPOINTMENT OF PROXY**

I appoint *NAME* of *ADDRESS* as my proxy to be involved in all decisions about my medical treatment if I am physically or mentally unable to make my views known. The wishes of *PROXY NAME* should be respected at all times and I confirm that he/she is fully aware of my wishes.

IN WITNESS of which I have set my hand to this my living will on the day month and year first above written.

SIGNED by the above named in our presence and by us in his/hers

**Maker of Living Will**

Signed: PERSON MAKING LIVING WILL

**Proxy**

Signed:

**Witness 1**

Signed:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Witness 2

Signed:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_