

Living Will Template

Date: _____

I _____(Declarant name), has residential by the address _____
(street)_____,(city)_____
(state),_____(Zipcode),with _____
(contact number)_____(Email.ID), under full control of my
consciousness and awareness with the matter declared the herein statement related
to my health-treatment as my consent and announced this as legal document of my
desire.

I declared herein _____(name),residing
at _____(streetaddress)_____
_____(city)_____(state),_____
_____(Zip code), associated with _____(Institute
name),_____
(contact number),_____(Email.ID), as my health care advocate as
well as my agent to take all the decisions in those situations in which I become impair
to add a single word. He has all the rights to make decisions in also those situations
when I find chronic illness and medical dependent state. My announced agent and
health care advocate shall have all the power to deal with all the matters relating to
the health maintenance, medical management and wellness program in the case
when my physician, primary medical staff proclaim myself not in a condition to
make decisions. To make clear fully the time/state of affairs when the agent will be
able to use the power of decision making on the behalf of me.

- a) Falling into the senseless state
- b) Being diagnosed with the chronicle chronic illness
- c) Falling in an unreinforced condition

If anyone of the incidents mentioned above happens to me then my willing is not to
use any of the medical services mentioned below

- **My desire is to not served by cardiac resuscitation (CPR) as my long-life assistance.**
- **My desire is to not treated in the respiratory or ventilatory state.**

- **I do not prefer the use of the artificial feeding and hydration process to save my life longer**
- **My wish is to not receive and blood transformation**
- **My desire is to not receive any kidney dialysis treatment**

Declarant printed name: _____

Declarant signature: _____

Witness personal information:

1st witness printed name: _____

Address: _____

Telephone number: _____

Email Id: _____

Designation: _____

Relation with declarant: _____

1st witness signature: _____