Living Will Form PDF

Personal Information

- **Full Name:** ___________________________________
- **Address:** ___________________________________
- **City:** ___________________________________
- **State:** ___________________________________
- **Zip Code:** ___________________________________
- **Phone Number:** ___________________________________
- **Email Address:** ___________________________________
- **Date of Birth:** ___________________________________

Health Care Agent

- **Agent's Name:** ___________________________________
- **Agent's Address:** ___________________________________
- **Agent's Phone Number:** ___________________________________
- **Alternate Agent's Name:** ___________________________________
- **Alternate Agent's Address:** ___________________________________
- **Alternate Agent's Phone Number:** ________________________________

Medical Treatment Preferences

Treatment Type	Accept	Decline	Comments
CPR	☐	☐	
Mechanical Ventilation	☐	☐	
Tube Feeding	☐	☐	

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Dialysis	☐	☐	
Surgery	☐	☐	
Blood Transfusion	☐	☐	
Pain Management	☐	☐	
Organ Donation	☐	☐	

Additional Instructions

- **Instructions:** ____
- **Preferences:** ____

Signatures

- **Signature:** ____
- **Date:** ____

Witnesses

- **Witness 1 Name:** ____
- **Witness 1 Signature:** ____
- **Witness 1 Date:** ____
- **Witness 2 Name:** ____
- **Witness 2 Signature:** ____
- **Witness 2 Date:** ____

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