

Living Will Form Texas

Personal Information

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

Health Care Agent Information

- Agent's Name: _____
- Agent's Address: _____
- Agent's Phone Number: _____
- Alternate Agent's Name: _____
- Alternate Agent's Address: _____
- Alternate Agent's Phone Number: _____

Health Care Preferences

Medical Procedure	Approve	Decline	Additional Information
CPR	<input type="checkbox"/>	<input type="checkbox"/>	
Mechanical Ventilation	<input type="checkbox"/>	<input type="checkbox"/>	

Artificial Feeding	<input type="checkbox"/>	<input type="checkbox"/>	
Dialysis	<input type="checkbox"/>	<input type="checkbox"/>	
Surgical Interventions	<input type="checkbox"/>	<input type="checkbox"/>	
Blood Transfusions	<input type="checkbox"/>	<input type="checkbox"/>	
Pain Management	<input type="checkbox"/>	<input type="checkbox"/>	
Organ Donation	<input type="checkbox"/>	<input type="checkbox"/>	

Additional Instructions

- **Specific Wishes:** _____
- **Detailed Preferences:** _____

Signatures

- **Signature:** _____
- **Date:** _____

Witnesses

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