Printable Living Will Form

Personal Information

- **Name:** _____
- **Address:** _____
- **City:** _____
- **State:** _____
- **ZIP Code:** _____
- **Contact Number:** _____
- **Email Address:** _____
- **Birth Date:** _____

Designated Health Care Agent

- **Agent's Full Name:** _____
- **Agent's Contact Address:** _____
- **Agent's Phone Number:** _____
- **Backup Agent's Name:** _____
- **Backup Agent's Address:** _____
- **Backup Agent's Phone Number:** _____

Treatment Preferences

Type of Treatment	Agree	Disagree	Notes
Resuscitation (CPR)	☐	☐	
Ventilator Use	☐	☐	
Feeding Tube	☐	☐	

Dialysis	☐	☐	
Surgical Procedures	☐	☐	
Blood Transfusions	☐	☐	
Pain Relief	☐	☐	
Organ Donation	☐	☐	

Special Instructions

- **Additional Directives: _____**
- **Special Preferences: _____**

Signatures

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

Witnesses

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