

Healthcare Proxy & Living Will

Instructions

This template provides guidance for designating a Healthcare Proxy and creating a Living Will. These documents express your healthcare wishes if you become unable to communicate them. Please consult a licensed attorney or healthcare provider to ensure these forms comply with your state laws.

1. Appointment of Healthcare Proxy

I, [Your Full Legal Name], residing at [Your Address], designate [Proxy's Full Name], residing at [Proxy's Address], as my Healthcare Proxy (Agent) to make healthcare decisions on my behalf if I become unable to do so.

Alternate Healthcare Proxy: [Alternate Proxy Name], [Alternate Proxy Address]

2. Authority Granted

My Healthcare Proxy is authorized to:

- - Make medical treatment decisions on my behalf
- - Access my medical records and information
- - Consent to or refuse treatment, surgery, or procedures
- - Make end-of-life care decisions in accordance with my wishes

3. Living Will Directives

If I am terminally ill, permanently unconscious, or in a condition with no reasonable expectation of recovery, I direct the following:

- - I do / do not want life-sustaining treatment (circle one)
- - I do / do not want artificial nutrition and hydration (circle one)
- - I do / do not want pain relief, even if it may hasten death (circle one)

4. Signature

Signed this [Day] day of [Month], [Year].

[Your Full Name], Declarant

5. Witnesses

Witness 1:

Name: _____

Address: _____

Witness 2:

Name: _____

Address: _____

6. Notary Acknowledgment

State of _____

County of _____

On this _____ day of _____ [Month], _____ [Year], before me, the undersigned notary public, personally appeared _____ [Full Name], and acknowledged they executed this document voluntarily.

Notary Public _____

My Commission Expires: _____