

LIVING WILL

I, the undersigned, _____
PRINT FULL NAMES AND SURNAME

IDENTITY NUMBER: _____

Presently residing in _____, declare this to be my Living Will.

1. DECLARATION

If the time comes when I can no longer make decisions regarding my future or health treatment, this Declaration stands as a testament of my wishes.

2. NO PROSPECT OF RECOVERY

If there is no reasonable prospect of recovery from physical illness or impairment which will cause me severe distress or render me incapable of rational existence, I request that I be allowed to die and not be kept alive by artificial means. I emphatically state that I wish to die in a natural manner.

3. USE OF DRUGS

It is my wish that I receive whatever quantity of drugs that may be required to **keep me free from pain** even if the moment of death is hastened.

4. REPRESENTATIVE

I appoint my _____ as my representative in the event of the circumstances as described in **Clause 2** above arises. He/she will have absolute discretion to take such decisions on my behalf as he/she deems fit. Identity Number: _____

5. CONDONATION

I direct any authority or authoritative body of any nature whatsoever to condone the decisions of my representative and the actions of any medical practitioner acting on instructions of my representative.

6. FUNERAL ARRANGEMENTS

6.1 Burial	Yes	<input type="checkbox"/>	or	No	<input type="checkbox"/>
6.2 Cremation	Yes	<input type="checkbox"/>	or	No	<input type="checkbox"/>
6.3 Pacemaker in Situ	Yes	<input type="checkbox"/>	or	No	<input type="checkbox"/>

SIGNED at _____ on this _____ day of _____, 20_____, in the presence of the subscribing witnesses not related to me, all being present and signing at the same time in the presence of one another.

AS WITNESSES:

1. _____
SIGNATURE TESTATOR

2. _____

NB! Attach a copy of the Identity Document of the Testator.