

The Living Will

TO MY FAMILY AND PHYSICIAN:

This declaration is made by me at a time when I am of sound mind and after careful consideration

Full Name

.....

I.D Number:

.....

Address:.....

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If the time comes when I can no longer take part in decisions for my own future, let this Declaration stand as the treatment to my wishes.

If there is no reasonable prospect of my recovery from physical illness or impairment expected to cause me severe distress or to render me incapable of rational existence, I request that I be allowed to die and not be kept alive by artificial means and that I receive whatever quality of drugs may be required to keep me free from pain or distress even if the moment of death is hastened.

I place on record that should they wish, any person has my concurrence to apply for a court order to ensure compliance with the directive should any medical practitioner or health authority refuse to give effect thereto.

This declaration is signed and dated by me in the presence of the two undermentioned witnesses present at the same time who at my request in my presence and in the presence of each other have hereunto subscribed their names as witnesses.

Dated.....

Signed.....

Witnessed by:

Name.....

Name.....

Address.....

Address.....

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Occupation.....

Occupation.....

Note: Witnesses should not be members of the family