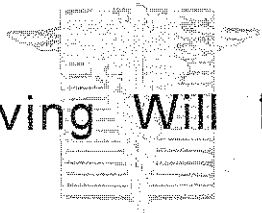


# Florida Living Will Declaration



Declaration, made this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

I, \_\_\_\_\_, wilfully and voluntarily make known my desire that my dying not be artificially prolonged under the circumstances set forth below, and do hereby declare that, if any time I am incapacitated and:

- \_\_\_\_\_ I have a terminal condition  
[initial]
- or \_\_\_\_\_ I have an end-stage condition  
[initial]
- or \_\_\_\_\_ I am in a persistent vegetative state  
[initial]

and if my attending or treating physician and another consulting physician have determined that there is no reasonable medical probability of my recovery from such condition, I direct that life-prolonging procedures be withheld or withdrawn when the application of such procedures would serve only to prolong artificially the process of dying, and that I be permitted to die naturally with only the administration of medication or the performance of any medical procedure deemed necessary to provide me with comfort care or to alleviate pain.

It is my intention that this declaration be honored by my family and physician as the final expression of my legal right to refuse medical or surgical treatment and accept the consequences for such refusal.

In the event that I have been determined to be unable to provide express and informed consent regarding the withholding, withdrawal, or continuation of life-prolonging procedures, I wish to designate, as my surrogate to carry out the provisions of this declaration:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_

I understand the full import of this declaration, and I am emotionally and mentally competent to make this declaration. I further affirm that this declaration is not being made as a condition of treatment or admission to a health care facility.





# Advance Directive Anatomical Gift Wishes

Name: \_\_\_\_\_  
Last First Middle Initial

I hereby make this anatomical gift, if medically acceptable, to take effect upon my death. The words and marks below indicate my desires. I give:

(A) \_\_\_\_\_ any needed organs or parts for the purpose of transplantation, therapy  
[initial] medical research, or education

(B) \_\_\_\_\_ only the following organs or parts \_\_\_\_\_  
[initial] [specify the organ(s) or part(s)]  
for the purpose of transplantation, therapy, medical research, or education

(C) \_\_\_\_\_ my body for anatomical study if needed.  
[initial]

**Describe limitations or special wishes, if any (Optional):**

**Donor Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

Witness: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_

Witness: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_

# Important Legal Document



# Designation of Health Care Surrogate

Name: \_\_\_\_\_  
Last First Middle Initial

In the event that I have been determined to be incapacitated to provide informed consent for medical treatment and surgical and diagnostic procedures, I wish to designate as my surrogate for health care decisions:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_

If my surrogate is unwilling or unable to perform his or her duties, I wish to designate as my alternate surrogate:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_

I fully understand that this designation will permit my designee to make health care decisions and to provide, withhold, or withdraw consent on my behalf; to apply for public benefits to defray the cost of health care; to make the decision to give an anatomical gift and to authorize admission to or transfer from a health care facility,

Additional Instructions (Optional):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I further affirm that this designation is not being made as a condition of treatment or admission to a health care facility. I will notify and send a copy of this document to the following persons other than my surrogate, so they may know who my surrogate is.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

Witness\*: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_

Witness\*: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_

\* Please note, the person designated as surrogate shall not act as a witness and at least one person who acts as a witness shall neither be the principal's spouse or blood relative.