



INSTRUCTIONS FORM: LIVING WILL

1. DETAILS OF PERSON MAKING THE LIVING WILL:

- 1.1. Full names and Surname: _____
- 1.2. Identity number: _____ (attach copy of IDENTITY DOCUMENT)
- 1.3. Married? YES / NO _____ (if YES: IN or OUT of community of property? _____)
- 1.4. Residential address: _____ (attach copy of UTILITY BILL)
- 1.5. Telephone H: _____ Cell phone: _____
- 1.6. E-mail address: _____

2. DETAILS OF MEDICAL AUTHORITY OR AGENT WITH POWER OF ATTORNEY:

- 2.1. Full names and Surname: _____
- 2.2. Relationship to Testator? _____
- 2.3. Failing above person, substitute person's full names and surname: _____
- 2.4. Relationship to Testator? _____

3. SELECT YOUR INSTRUCTIONS (delete options NOT selected):

- 3.1. I do not give my consent to be kept alive by artificial means of any nature;
- 3.2. I do not give my consent to any form of feeding, whether by tube or intravenously; and
- 3.3. I request that I receive whatever quantity of drugs and intravenous fluids as may be required to keep me comfortable and free from pain or distress even if the consequence of administering such drugs is likely to be that death is hastened.
- 3.4. I do not give my consent to any person resuscitating me, or attempting to resuscitate me, should my heart and breathing stop, and the reasonable prognosis in the event of my resuscitation is medical impairment.
- 3.5. I in particular direct that no form of life-sustaining preparation such as antibiotics must be administered nor any form of non-natural feeding such as by a naso-gastric tube.
- 3.6. It is my express wish and instruction that I do not receive any blood transfusions under any circumstances.
- 3.7. _____
- 3.8. _____
- 3.9. _____
- 3.10. _____

