

# LIVING WILL / ADVANCE DIRECTIVE

**THIS LIVING WILL** is made on the.....of **March 2009**

I: **Insert Name**

Of: **42 Fetlock Close, Clapham, Bedfordshire MK41 6BG**

Born on: **12<sup>th</sup> August 1952**

Being of sound mind make this Advance Directive now as to my medical care and treatment directed to my family, my doctors and any other medical personnel, institution or authority in the event that I shall be unable to make my views known at any time.

## **I DIRECT as follows:**

My life shall not be artificially prolonged and no life sustaining treatment shall be administered, if at any time my attending doctor, consultant or surgeon and one independent medical practitioner certify in writing that in their opinion:

- a)** I have a terminal, incurable or irreversible injury, disease or illness; or
- b)** I am permanently unconscious, comatose, in a persistent vegetative state with no reasonable chance of recovery; and
- c)** I am no longer able to make decisions regarding my medical treatment.

In the above circumstances I wish to be permitted to die naturally and to only receive such medical treatment as will alleviate any pain or distressing symptoms so as to make me more comfortable even if this has the effect of shortening my life.

## **EXCEPTING** as follows:

With no exceptions

## **APPOINTMENT OF PROXY**

I appoint as my proxy to be involved in all decisions about my medical treatment if I am physically or mentally unable to make my views known. The wishes of **Janet Thomas of 82 Fenlake Road, Bedford MK42 0ES** should be respected at all times and I confirm that **she** is fully aware of my wishes.

**IN WITNESS** of which I have set my hand to this my living will on the day month and year first above written.

**SIGNED** by the above named in our presence and by us in hers

**Maker of Living Will**

Signed..... **Insert Name**

**Proxy**

Signed.....

Name..... **Janet Thomas**

Occupation.....

**First Witness**

Signed.....

Name.....

Address.....

Occupation.....

**Second Witness**

Signed.....

Name.....

Address.....

Occupation.....

