

## PowerForm Signer Information

Please enter your name and email to begin the signing process.

Your Role:

**Originator**

Your Name:

Your Email:

Please provide information for any other signers needed for this document.

Role:

**Witness 1**

Name:

Email:

Role:

**Witness 2**

Name:

Email:

Role:

**Physician**

Name:

Email:

[Begin Signing](#)

If there are other roles required for this document to be completed, please enter the name and email of those other recipients. An email will be sent inviting them to sign along with you.

## District of Columbia, Maryland and Virginia

### ADVANCE DIRECTIVE

My Durable Power of Attorney for Health Care, Living Will and Other Wishes

I, EXAMPLE, write this document as a directive regarding my medical care.

Put the initials of your name by the choices you want:

#### PART 1. MY DURABLE POWER OF ATTORNEY FOR HEALTH CARE

**As long as I can make my wishes known, my doctors will talk to me and I will make my own health care decisions.**

\_\_\_\_\_ I appoint this person to make decisions about my medical care if there ever comes a time when I cannot make those decisions myself.

_____	_____	_____
name	home phone	work phone
_____		
address		
_____		

\_\_\_\_\_ If the person above cannot or will not make decisions for me, I appoint this person:

_____	_____	_____
name	home phone	work phone
_____		
address		
_____		

\_\_\_\_\_ I have not appointed anyone to make health care decisions for me in this or any other document. I understand that if I do not appoint a Durable Power of Attorney for Health Care, someone may be designated to make my health care decisions by law or by a court.

***I want the person I have appointed, my doctors, my family and others to be guided by the decisions I have made below:***

**PART 2. MY LIVING WILL**

These are my wishes for my future medical care if there ever comes a time when I cannot make these decisions for myself.

**A. In general, these are the goals I have for my care if I am ever seriously ill or have a serious injury (state in your own words what you believe is most important to you):**

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Put the initials of your name next to important values for you if you are ever seriously ill or have a serious injury:

- \_\_\_\_\_ Medicines needed to keep me pain-free
- \_\_\_\_\_ Ability to recognize my family/friends
- \_\_\_\_\_ other \_\_\_\_\_
- \_\_\_\_\_ other \_\_\_\_\_

**B. These are my wishes if I have a terminal condition:**

**Life-Sustaining Treatments**

- \_\_\_\_\_ I do not want life-sustaining treatments (including CPR) started. If life-sustaining treatments are started, I want them stopped.
- \_\_\_\_\_ I want life-sustaining treatments (including CPR) started on a temporary basis; if I do not show signs of recovery, then I want them stopped.
- \_\_\_\_\_ I want life-sustaining treatments continued that my doctors think are best for me.
- \_\_\_\_\_ Other wishes: \_\_\_\_\_

**Artificial Nutrition and Hydration:**

- \_\_\_\_\_ I do not want artificial nutrition and hydration started if it would be the main treatment keeping me alive. If artificial nutrition and hydration is started, I want it stopped.
- \_\_\_\_\_ I want artificial nutrition and hydration, even if it is the main treatment keeping me alive.
- \_\_\_\_\_ Other wishes: \_\_\_\_\_

**C. These are my wishes if I am ever in a persistent vegetative state:**

**Life-Sustaining Treatments**

\_\_\_\_\_ I do not want life-sustaining treatments (including CPR) started. If life-sustaining treatments are started, I want them stopped.

\_\_\_\_\_ I want life-sustaining treatments (including CPR) started on a temporary basis; if I do not show signs of recovery, then I want them stopped.

\_\_\_\_\_ I want life-sustaining treatments continued that my doctors think are best for me.

\_\_\_\_\_ Other wishes: \_\_\_\_\_

**Artificial Nutrition and Hydration:**

\_\_\_\_\_ I do not want artificial nutrition and hydration started if it would be the main treatment keeping me alive. If artificial nutrition and hydration is started, I want it stopped.

\_\_\_\_\_ I want artificial nutrition and hydration, even if it is the main treatment keeping me alive.

\_\_\_\_\_ Other wishes: \_\_\_\_\_

**D. These are my wishes if I ever have an End-Stage Condition (including Alzheimer's or other dementia):**

**Life-Sustaining Treatments**

\_\_\_\_\_ I do not want life-sustaining treatments (including CPR) started. If life-sustaining treatments are started, I want them stopped.

\_\_\_\_\_ I want life-sustaining treatments (including CPR) started on a temporary basis; if I do not show signs of recovery, then I want them stopped.

\_\_\_\_\_ I want life-sustaining treatments continued that my doctors think are best for me.

\_\_\_\_\_ Other wishes: \_\_\_\_\_

**Artificial Nutrition and Hydration:**

\_\_\_\_\_ I do not want artificial nutrition and hydration started if it would be the main treatment keeping me alive. If artificial nutrition and hydration is started, I want it stopped.

\_\_\_\_\_ I want artificial nutrition and hydration, even if it is the main treatment keeping me alive.

\_\_\_\_\_ Other wishes: \_\_\_\_\_

**E. Other Directions:**

You have the right to be involved in all decisions about your medical care, even those not dealing with terminal conditions, persistent vegetative state or end-stage conditions. If you have wishes not covered in other parts of this document, please indicate them here: \_\_\_\_\_

\_\_\_\_\_

**Part 3. OTHER WISHES**

**A. Organ Donation**

\_\_\_\_\_ I do not wish to donate any of my organs or tissues.

\_\_\_\_\_ I want to donate all of my organs and tissues.

\_\_\_\_\_ I only want to donate these organs and/or tissues: \_\_\_\_\_

**B. Autopsy**

\_\_\_\_\_ I do not want an autopsy.

\_\_\_\_\_ I agree to an autopsy if my doctors wish it.

\_\_\_\_\_ Other wishes: \_\_\_\_\_

**Part 4. SIGNATURES**

In Process

You and two witnesses must sign this document in order for it to be legal.

**A. Your Signature**

By my signature below, I show that I understand the purpose and the effect of this document.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

**B. Your Witnesses' Signatures**

I believe the person who has signed this advance directive to be of sound mind, that he/she signed or acknowledged this advance directive in my presence, and that he/she appears not to be acting under pressure, duress, fraud or undue influence. I am not related to the person making this advance directive by blood marriage or adoption, nor, to the best of my knowledge, am I named in his/her will. I am not the person appointed in this advance directive. I am not a health care provider or an employee of a health care providers who is now, or has been in the past, responsible for the care of the person making this advance directive.

**Witness #1**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

**Witness #2**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_



# A letter to my loved ones...

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Dear Loved Ones,

I want the best quality of life possible during my last days.  
Therefore, I hereby request as follows...

(a) I ask that medical treatment to alleviate pain, to provide comfort, and to mitigate suffering be provided so that I may be as free of pain and suffering as possible. Please consult with my doctor in this regard.

(b) If my temperature is above normal, I want a cool moist cloth put on my head.

(c) I want my mouth and lips kept moist.

(d) I need to be kept fresh and clean at all times. I wish to have warm baths often or warm showers, if I am stable enough for a shower.

(e) I desire to be massaged with or without warm oils as often as you think will help maintain my skin integrity and provide for my comfort.

(f) I want my personal care such as nail clipping, hair combing, teeth brushing and shaving as long as they do not cause me pain.

*I hope my family and friends would consider that...*

(a) I enjoy your company and want you with me when possible. I desire that one of you stay with me when it seems that my death may be imminent.

(b) Please continue to talk to me about daily happenings and events, even if you think I don't understand, because I might be able to understand.

(c) Please don't be afraid to hold my hand or hug me.

(d) Please tell the members of my church or synagogue I am sick and ask them to pray for me and visit me.

(e) Please maintain a cheerful atmosphere around me.

(f) Please place pictures of my loved ones in my room, near my bed, or near the place I sit during the day.

(g) My clothes and bed linens are to be kept clean, and they are to be changed as soon as possible, if they have been soiled.

(h) If at all possible, allow me to die in my home.

(i) Please arrange for me to watch television or listen to my favorite sports events.

(j) Let me enjoy the outdoors as often as possible by letting me spend time in my yard, garden and other appropriate outdoor places, even if it causes slight discomfort to either you or me.

(k) I want to have my favorite types of music played when possible.

(l) I want to have religious readings read to me when I am near death.

(m) I want to have my favorite poems read to me from time to time.

*I want you to know the following about my thoughts and concerns, if I am disabled and cannot convey these thoughts to you verbally...*

(1) I want you to know that I love you.

(2) I would like to be forgiven for the times I have hurt you.

(3) I forgive you for what you may have done to me in my life.

(4) I want you to know that I do not fear death itself.

(5) I want all of my family members to recommit their love for one another.

(6) Please remember me the way I was before I had a terminal illness.

(7) Please help me maintain meaning to my life during this process of dying by realizing that this is an opportunity for personal growth for all.

(8) Don't be afraid to seek counseling, if you have trouble with my death.

*If friends want to know how I want to be remembered, tell them the following...*

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*The following person(s) know my funeral plans...*

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*At any memorial service for me, I want to include the following music, songs, readings or other plans for such a service...*

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*I also have the following requests...*

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**In Process**

**These are requests of my family members, loved ones, and friends, and are not to be considered legal directives to my attorney-in-fact for health care, if any.**

*(If you wish to change your answer, you may do so by drawing an "X" through the answer you do not want, and circling the answer you prefer.)*

Dated this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

Signature \_\_\_\_\_

Print Name **EXAMPLE** \_\_\_\_\_

4 of 4 Principal \_\_\_\_\_