

# Florida Living Will and Directive to Physician

Directive made this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, I,  
\_\_\_\_\_, willfully and voluntarily make known forth below,

and I do hereby declare:

If at anytime I should have a terminal condition and if my attending physician has determined that there can be no recovery from such condition and that my death is imminent, I direct that life-prolonging procedures be withheld or withdrawn when the application of such procedures would serve only to prolong artificially the process of dying, and that I be permitted to die naturally with only the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.

I do (\_\_\_\_) I do not (\_\_\_\_) desire that nutrition and hydration (food and water) be withheld or withdrawn when the application of such procedures would serve only to prolong artificially the process of dying.

In the absence of my ability to give directions regarding the use of such life-prolonging Procedures, 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 to accept the consequences of such refusal. I understand the full import of this declaration, and I am emotionally and mentally competent to make this declaration. This Directive may be revoked by me at anytime.

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The declarant is personally known to me and I believe him/her to be of sound mind. I am not related to the declarant, nor entitled to any portion of the declarant's estate on his/her death, nor am I an employee in a health facility where the declarant is a patient.

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

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

**This document needs to be notarized**