

**TERMINAL CARE DOCUMENT  
(LIVING WILL)**

**VERMONT STANDARD FORM**

(Please print clearly, except where signature is required)

To my family, my physician, my lawyer, my clergyman. To any medical facility in whose care I happen to be. To any individual who may become responsible for my health, welfare or affairs.

Death is as much a reality as birth, growth, maturity and old age. It is the one certainty of life. If the time comes when I ..... of ..... can no longer take part in decisions for my future, let this statement stand as an expression of my wishes, while I am still of sound mind.

If the situation should arise in which I am in a terminal state and there is no reasonable expectation of my recovery, I direct that I be allowed to die a natural death and that my life not be prolonged by extraordinary measures. I do, however, ask that medication be mercifully administered to me to alleviate suffering even though this may shorten my remaining life.

Other directions:

This statement is made after careful consideration and is in accordance with my strong convictions and beliefs. I want the wishes and directions here expressed carried out to the extent permitted by law. Insofar as they are not legally enforceable, I hope that those to whom this Will is addressed will regard themselves as morally bound by these provisions.

Date: ....., 20.....

Signature: ..... Date of Birth:.....

Address: .....

**WITNESS PROCEDURE**

This document will not be valid unless it is signed in the presence of two(2) or more qualified witnesses who must both be present when you sign or acknowledge your signature. The following persons may not act as witnesses:

- your attending physician or the person acting under the direction or control of the attending physician;
- your spouse;
- your lawful heirs or beneficiaries named in your will or a deed; creditors or persons who have a claim against you.

Witness: ..... Address: .....

Witness:..... Address: .....

