

Need some help filling out your Living Will document below?

You can now fill out a customized step-by-step version of this form and many others (your Will, Health Care Power of Attorney, and more) completely free on doyourownwill.com! And instantly download as .docx and .pdf.

Follow this link back to [doyourownwill](http://doyourownwill.com) to begin: [Your Estate Planning Guide](#)



Last Will and Testament

Distribute your property, name guardians, and appoint an executor.



Living Will

Let others know your health care decisions.



Durable Power of Attorney

Appoint someone to communicate your decisions if you can't.



Or feel free to complete the blank form found below.

LIVING WILL

Living Will (declaration) made this ____ day of _____, 20__.

I, _____, being of sound mind, willfully and voluntarily make known my desires that my dying shall not be artificially prolonged under the circumstances set forth below, do hereby declare:

If at any time I should have a terminal condition, become in a coma with no reasonable expectation of regaining consciousness, or become in a persistent vegetative state with no reasonable expectation of regaining significant cognitive function, as defined in and established in accordance with the procedures set forth in paragraphs (2), (9), and (13) of Code Section 31-32-2 of the Official Code of Georgia Annotated, I direct that life prolonging procedures to my body (check the desired option)

____ including nourishment and hydration,
____ including nourishment but not hydration, or
____ excluding nourishment and hydration,

be withheld or withdrawn when the application of such procedures would serve only to prolong artificially the process of dying, and that I be permitted to die naturally with only the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.

In the absence of my ability to give directions regarding the use of such life-sustaining procedures, it is my intention that this declaration shall be honored by my family and physician(s) as the final expression of my legal right to refuse medical or surgical treatment and accept the consequences from such refusal.

I understand that I may revoke this living will at any time.

If I am a female and I have been diagnosed as pregnant, this living will shall have no force and effect unless the fetus is not viable and I indicate by initialing after this sentence that I want this living will to be carried out. _____ (initial)

I understand the full import of this declaration and I am emotionally and mentally competent to make this declaration.

Signed on this _____ day of _____, 20__, in the City of _____, County of _____, State of _____.

(signature)

I hereby witness this living will and attest that: is personally known to me and voluntarily signed this writing in my presence. I believe the declarant to be at least 18 years of age. I am at least 18 years of age. I did not sign the declarant's signature above for or at the direction of the declarant. I am not related to the declarant by blood or marriage, and to the best of my knowledge am not entitled to any portion of the estate of the declarant according to the laws of intestate succession or under any will of declarant or codicil thereto, or directly financially responsible for declarant's medical care, and I have no present or inchoate claim against any portion of the estate of declarant. I am not the attending physician, and I am not an employee of a hospital, skilled nursing facility, or other health care facility in which the declarant is a patient.

First Witness:

_____, residing at _____

(Signature Above)

Second Witness:

_____, residing at _____

(Signature Above)