LIVING WILL or HEALTH CARE INSTRUCTIONS

If the time comes when I am incapacitated to the point when I cadecisions for my own life, and am unable to direct my physician wish this statement to stand as a statement of my wishes.	<u> </u>	•
I,, the author of this document, request that, if my condition is deemed terminal or if I am determined to be permanently unconscious, I be allowed to die and not be kept alive through life support systems.		
By terminal condition, I mean that I have an incurable or irrevers without the administration of life support systems, will, in the opinesult in death within a relatively short time. By permanently und permanent coma or persistent vegetative state which is an irreveno time aware of myself or the environment and show no behave environment.	inion of my atten conscious I mear ersible condition	ding physician, n that I am in a in which I am at
Specific Instructions Listed below are my instructions regarding particular types of life all-inclusive. My general statement that I not be kept alive throughto me is limited only where I have indicated that I desire a particular specific statement.	gh life support s	ystems provided
	<u>Provide</u>	Withhold
Cardiopulmonary Resuscitation		
Artificial Respiration (including a respirator)		
Artificial means of providing nutrition and hydration		
Other specific requests:		
I do want sufficient pain medication to maintain my physica direct taking of my life, but only that my dying not be unrea		
This request is made, after careful reflection, while I am of se	ound mind.	
/ / (Date) X		

WITNESSES' STATEMENTS

This document was signed in our pre	sence by the author of
• •	eighteen years of age or older, of sound mind and able to
understand the nature and conseque	nces of health care decisions at the time this document was
signed. The author appeared to be u	nder no improper influence. We have subscribed this
document in the author's presence a	nd at the author's request and in the presence of each
other.	
X	X
(Witness)	(Witness)
X	X
(Number and Street)	(Number and Street)
X	X
(City, State and Zip Code)	(City, State and Zip Code)

OPTIONAL FORM

WITNESSES' AFFIDAVITS

STATE OF CONNECTICUT)
) :ss) (Town)
COUNTY OF) (Town) _)
We, the subscribing witnesses, being duly sworn living will or health care instructions by the author published and declared the same to be the author our presence; that we thereafter subscribed the presence, at the author's request and in the presexecution of said document the author appeared sound mind, able to understand the nature and comproper influence, and we make this affidavit at, 20	r of this document; that the author subscribed, or's instructions, appointments and designation e document as witnesses in the author's ence of each other; that at the time of the to us to be eighteen years of age or older, of consequences of said document, and under no
x	X
(Witness)	X(Witness)
(Number and Street)	x (Number and Street) x
(City, State and Zip Code)	(City, State and Zip Code)
Subscribed and sworn to before me bythe signing witnesses to the foregoing affidavit th 20	and, is day of,
	Commissioner of the Superior Court Notary Public
	My Commission expires:

(Print or type name of all persons signing under all signatures)