

health care proxy

**GRANTS ANOTHER PERSON THE AUTHORITY TO MAKE
HEALTH CARE DECISIONS ON YOUR BEHALF IF YOU ARE UNABLE TO DO SO**

AGENT	NOMINATION/NAME
Health Care Agent	
Successor Health Care Agent (1)	
Successor Health Care Agent (2)	
Successor Health Care Agent (3)	
<ul style="list-style-type: none"> <input type="checkbox"/> Gives another person the ability to make health care decisions on your behalf when you cannot communicate, physically or mentally <input type="checkbox"/> Broad authority over physical and mental health care decisions <input type="checkbox"/> In the event your Agent is unable or unwilling to serve, your successor agent will have the power to act as the Agent 	

advance directive

**STATEMENT OF YOUR DESIRE THAT THE PROCESS OF DYING
NOT BE ARTIFICIALLY PROLONGED IF YOU ARE TERMINALLY ILL**

	PREFERENCES
Terminal Condition (< 6 months to live)	<input type="checkbox"/> Care and comfort (remove life support) <input type="checkbox"/> Remain on life support as long as possible
Persistent Vegetative State	<input type="checkbox"/> Care and comfort (remove life support) <input type="checkbox"/> Remain on life support as long as possible
Life-sustaining Procedures (except medication to alleviate pain)	<input type="checkbox"/> May remove all medical procedures, devices or medications to keep me alive, including artificial hydration and nutrition <input type="checkbox"/> Maintain the following:
When to remove life support (after physician recommendation to do so)	<input type="checkbox"/> Immediately <input type="checkbox"/> After family and friends have reasonable time to visit hospital to say goodbye <input type="checkbox"/> 30 days <input type="checkbox"/> 90 days

final disposition authorization and instructions

STATEMENT FOR YOUR HEALTH CARE AGENT TO LAY YOU TO REST ACCORDING TO YOUR PREFERENCES

PREFERENCES	
Burial/Cremation	<input type="checkbox"/> Burial <input type="checkbox"/> Cremation
Burial Plot/Spread Ashes	<input type="checkbox"/> Burial Plot Location: <input type="checkbox"/> Ashes Spread:
Wake Service	<input type="checkbox"/> None <input type="checkbox"/> Open Casket <input type="checkbox"/> Closed Casket
Funeral Service	<input type="checkbox"/> Church Service <input type="checkbox"/> Graveside Service
Memorial Service	<input type="checkbox"/> Reception <input type="checkbox"/> Celebration of Life
Flowers/Donations	<input type="checkbox"/> Flowers: <input type="checkbox"/> Donation in lieu of flowers to:
Organ Donation	<input type="checkbox"/> Yes: (All or limited) <input type="checkbox"/> No