

ADVANCE DIRECTIVES

FOR

*Designation of Health Care Surrogate
Living Will
And Other Wishes*

With this form I have appointed the person I want to make medical decisions for me if, in the future, I am unable to make those decisions for myself. I am also indicating the health care I do or do not want if, in the future, I am unable to make my wishes known.

*Provided by
Hemlock Foundation of Florida, Inc.
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