

Editor's Note for those who live within the United States: Each state within the United States requires their own version of a Living Will/Advanced Directives. Please go to this link to click on your state and see a printable version of the document recognized where you live.
<http://www.caringinfo.org/stateadownload>

A Living Will

To My Family, My Physician, My Clergyman, My Lawyer: If the time comes when I can no longer take part in decisions for my own future, let this statement stand the testament of my wishes: If there is no reasonable expectation of my recovery from physical or mental disability,

I, _____ (Full legal name here) *Request that I be allowed to die and not be kept alive by artificial means or heroic measures, including cardiopulmonary resuscitation (CPR), mechanical respiration, artificial or invasive means of nutrition or hydration, administration of blood or blood products, and intravenous medications that will unnecessarily prolong my life.

*(Circle your choices below): I do/do not want cardiac resuscitation (including CPR and/or chemical resuscitation). I do/do not want mechanical respiration (to be placed on a ventilator). I do/do not want tube feeding or any other artificial or invasive form of nutrition (food) or hydration (water). I do/do not want blood or blood products. I do/do not want kidney dialysis. I do/do not want antibiotics. (If desired, you have the right to state that you will accept antibiotics if used for comfort measures only, but not to needlessly extend life.) _____ I do/do not want intravenous (IV) medications. (If desired, you may write your wishes for specific intravenous medications, such as those administered for pain relief.) _____

*Death is as much a reality as birth, growth, maturity, and old age--it is the one certainty. I do not fear death as much as I fear the indignity of deterioration and hopeless pain.

*Do not put any product of food or liquid containing meat, fish, or eggs into my body. This is in accordance with my belief system. I wish to maintain this standard in sickness and in health.

*I ask that a tape playing the Holy Names of Lord Krishna be sung or spoken by my spiritual master, A.C. Bhaktivedanta Swami Prabhupada, be played close to my ears constantly (24 hours a day), or transcendental sound vibrations such as *Srimad-Bhagavatam* or Krishna bhajans be mercifully administered to me without cessation up to the moment of death.

*If it is at all possible to take me to the Holy Dhama of Vrindavana, India for my final days, this is most desired. (You may write in another holy place if you wish) _____

*As recommended in the Vedic scriptures, I request that my body be cremated after death and that the ashes be placed in the Yamuna River in India. (If desired, other arrangements or specific instructions for a funeral service can be written below):

*These requests are made after careful consideration. I recognize that this places a heavy burden of responsibility upon you, and it is with the intention of sharing that responsibility and of mitigating any feelings of guilt that this statement is made.

Signed: _____

Date: _____

Witnessed by: _____

Witnessed by: _____