

# CONNECTICUT STATUTORY LIVING WILL

(Other properly executed/witnessed forms are also valid in Connecticut)

If the time comes when I am incapacitated to the point when I can no longer actively take part in decisions for my own life, and am unable to direct my physician as to my own medical care, I wish this statement to stand as a testament of my wishes.

I, \_\_\_\_\_ (NAME), request that, if my condition is deemed terminal or if it is determined that I will 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 irreversible medical condition which, without the administration of life-support systems, will, in the opinion of my attending physician, result in death in a relatively short time. By permanently unconscious, I mean that I am in a permanent coma or persistent vegetative state that is an irreversible condition in which I am at no time aware of myself or the environment and show no behavioral response to the environment.

### Specific Instructions

Listed below are my instructions regarding particular types of life-support systems. This list is not all-inclusive. My general statement that I not be kept alive through life-support systems provided to me is limited only where I have indicated that I desire a particular treatment to be provided.

	Provide	Withhold
Cardiopulmonary Resuscitation	_____	_____
Artificial Respiration (including a respirator)	_____	_____
Artificial means of providing nutrition and hydration	_____	_____
_____	_____	_____

Other specific requests: \_\_\_\_\_  
\_\_\_\_\_

I do not intend any direct taking of my life, but only that my dying not be unreasonably prolonged. This request is made, after careful reflection, while I am of sound mind.

Signature \_\_\_\_\_ Date \_\_\_\_\_

This document was signed in our presence, by the above-named \_\_\_\_\_ (NAME) who appeared to be eighteen years of age or older, of sound mind and able to understand the nature and consequences of health-care decisions at the time the document was signed.

Witness \_\_\_\_\_ Address \_\_\_\_\_

Witness \_\_\_\_\_ Address \_\_\_\_\_