

**NEW YORK  
LIVING WILL – PAGE 1 OF 4**

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PART II

This Living Will has been prepared to conform to the law in the State of New York, and is intended to be “clear and convincing” evidence of my wishes regarding the health care decisions I have indicated below.

PRINT YOUR NAME

I, \_\_\_\_\_, being of sound mind, make this statement as a directive to be followed if I become unable to participate in decisions regarding my medical care. These instructions reflect my firm and settled commitment to regarding health care under the circumstances indicated below:

**LIFE-SUSTAINING TREATMENTS**

I direct that my health care providers and others involved in my care provide, withhold, or withdraw treatment in accordance with the choice I have marked below: **(Initial only one box)**

INITIAL ONLY ONE  
CHOICE: (a) OR (b)

[    ] (a) **Choice NOT To Prolong Life**

IF YOU DO NOT AGREE  
WITH EITHER CHOICE,  
YOU MAY WRITE YOUR  
OWN DIRECTIONS ON  
THE NEXT PAGE

I do not want my life to be prolonged if I should be in an incurable or irreversible mental or physical condition with no reasonable expectation of recovery, including but not limited to: (a) a terminal condition; (b) a permanently unconscious condition; or (c) a minimally conscious condition in which I am permanently unable to make decisions or express my wishes. While I understand that I am not legally required to be specific about future treatments if I am in the condition(s) described above I feel especially strongly about the following forms of treatment:

IF YOU INITIAL BOX (a),  
YOU MAY INITIAL  
SPECIFIC TREATMENTS  
YOU WOULD LIKE  
WITHHELD

I do not want cardiac resuscitation.  
I do not want mechanical respiration.  
I do not want artificial nutrition and hydration.  
I do not want antibiotics.

OR

[    ] (b) **Choice To Prolong Life**

I want my life to be prolonged as long as possible within the limits of generally accepted health care standards.



ORGAN  
DONATION  
(OPTIONAL)

INITIAL THE BOX THAT  
AGREES WITH YOUR  
WISHES ABOUT ORGAN  
DONATION

INITIAL ONLY ONE

STRIKE THROUGH ANY  
USES YOU DO NOT AGREE  
TO

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OPTIONAL ORGAN DONATION:

Upon my death: (initial only one applicable box)

(a) I do not give any of my organs, tissues, or parts and do not want my agent, guardian, or family to make a donation on my behalf;

(b) I give any needed organs, tissues, or parts;

OR

(c) I give the following organs, tissues, or parts only:

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My gift, if I have made one, is for the following purposes: (initial any of the following you **do not** want)

- Transplant

- Therapy

- Research

- Education

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PART III

SIGN AND DATE  
THE DOCUMENT  
AND PRINT YOUR NAME  
AND  
ADDRESS

WITNESSING  
PROCEDURE

YOUR  
WITNESSES  
MUST SIGN AND DATE  
AND  
PRINT THEIR NAMES AND  
ADDRESSES HERE

**Part III. Execution**

Signed \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

I declare that the person who signed this document appeared to execute the living will willingly and free from duress. He or she signed (or asked another to sign for him or her) this document in my presence.

**Witness 1**

Signed \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

**Witness 2**

Signed \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_