**ADVANCE DIRECTIVE**

TO MY FAMILY AND MY PHYSCIAN(S)

THIS ADVANCE DIRECTIVE is made by me, *[Full Name Including Middle Names]*, otherwise known as *[Previous Names, Nicknames etc.]* of *[Your Address]* born on the *[Your Date Of Birth]*  at a time when I am of sound mind and after careful consideration.

1. The contents of this Advance Directive supersede any oral or written directions which I may have previously given in this regard.
2. If in the opinion of two registered medical practitioners I can no longer take part in decisions for my own future, and I am suffering from a condition which has rendered me incapable of rational existence (an intolerable condition), then I wish the following instructions to take effect.
3. I do not with my life to be prolonged through life support of CPR or receive any other medical treatment which is designed just to keep me alive.
4. I consent to receiving any treatment that may relieve my pain and suffering, even if the moment of death is thereby hastened.
5. An intolerable condition, as referred to above is a condition:
	1. In which I will in all probability spend the rest of my life:
		1. Mentally incapable, so as to be unable to take part in decisions for my own future or
		2. In continuous pain and suffering, or in a coma or
		3. Permanently confined to bed

and

* 1. whereby I will suffer from any two or more of the following disabilities for the rest of my life:
		1. unable to communicate sensibly
		2. unable to recognise my family and friends
		3. unable to feed, dress and wash myself
		4. unable to control my bladder and bowel

Dated this *[Day]* day of *[Month]* Two Thousand and Twenty Three

Signed by the above named *[Your Name]* and her Advance Directive: *[Your Signature]*

Witnessed by: *[Witness Signature]*  Witnessed by: *[Witness Signature]*

Name: *[Witness Name]*  Name: *[Witness Name]*

Occupation: *[Witness Occupation]* Occupation: *[Witness Occupation]*

Address: *[Witness Address]* Address: *[Witness Address]*

Phone number: *[Witness Phone Number]* Phone number: *[Witness Phone Number]*