

My Living Will & Attorney Authorisation

This Declaration on My Life is made by me (full name of the person)

.....  
resident of (full  
address).....  
..... on (date).....at place  
.....

I am of sound mind and am making this 'declaration' willfully and voluntarily and after careful consideration.

If the time comes that I can no longer take part in decision regarding myself, this 'declaration' will comprise expression of my wishes and I request that all concerned should take these wished into account for taking any decision regarding my life.

If at any time, I reach the stage of terminal illness, and go into a coma with no reasonable expectation of regaining consciousness, or reach a persistent vegetative stage with no reasonable expectation of regaining significant cognitive functioning, or have a disease state from which I have no reasonable expectation of coming back to a life with reasonable quality of life, I should be deemed to decline to receive life-sustaining infusions, naso-gastric hydration and nutrition. In taking these decisions a panel of three doctors of relevant expertise, preferably including a palliative care physician, constituted by the administrative head of the hospital where I am admitted for treatment, may be consulted for their view whether there is any hope of my recovery for continuation of life of reasonable quality.

I request that this 'declaration' should be honoured by my family members and physicians as the final expression of my legal right to refuse medical or surgical treatment and accept the consequences of such refusal.

In addition, and as a supplementary alternative, I hereby appoint

.....  
Resident of and ..... resident of

..... Who have expressed their acceptance as such, jointly or severally, to be my attorneys for the purpose of securing compliance with the terms of this 'declaration' and also hereby vest in my attorneys, jointly or severally, the power to make decisions and take action on my behalf with regard to wishes expressed in this 'declaration', notwithstanding any contrary views held by any other person.

In the absence of both of these authorized attorneys of the time of taking the required decisions on my medical treatment, any member of my family will have the authority to express the wishes on my behalf regarding the above treatment.

**I declare that this 'Declaration' and 'Attorney Authorization' shall remain in force during my life time unless I revoke it at any time and until notice of its revocation has been received by my attorneys.**

**I understand full importance of this ‘Declaration’ and ‘Attorney Authorization’ and am fully competent to make it.**

**DATE SIGNATURE**

**PLACE (Signature of Declarant)**

**This ‘Declaration’ and ‘Attorney Authorization’ has been signed in the presence of undersigned by ..... (Name of Declarant) who is known to me and I believe that the signatory is of sound mind.**

**Witness I.**

**Name..... Signature .....**

**Address .....**

**Witness II.**

**Name..... Signature .....**

**Address .....**

**The above ‘Declaration’ and ‘Attorney Authorization’ has been signed in the presence of undersigned (Name of Declarant) who is known to the undersigned and who I believe to be of sound mind.**

**Signature of Authorized Attorney No. I**

**Signature .....**

**Address .....**

**Signature of Authorized Attorney No. II**

**Signature .....**

**Address .....**

- 1. This document will not need to be executed on stamp paper.**
- 2. Persons signing as Witnesses can also be the Authorized Attorneys.**