

Dated: Date of will

Living Will

of

Name rule

Living Will

This Living Will is made on **Date of will** by me **Name rule**, of , born on **DOB**.

1. I hereby revoke any former Living Will made by me and declare this to be my last Living Will.
2. I fully understand the nature and effect of this Living Will and the consequences of the instructions contained in this Living Will being acted upon. I am making this Living Will freely and independently and after careful consideration. No pressure has been brought to bear on me, nor have I been influenced by any other person, to make this Living Will.
3. I intend to send a copy of this Living Will to the NHS practice where I am registered with a request that it be filed and marked on my medical record and that it be brought to the attention of the medical authorities in appropriate circumstances.

Signed

What to do with your Living Will

This page is to help you - it is not part of your Living will and you should separate it from the previous pages.

Make sure that the people providing your treatment will be aware of your Living Will at the relevant time - you should send a copy of your Living Will to your GP, or any other medical practitioner involved in your care, to be kept in your medical notes. It would also be helpful to make sure that your family and friends are aware of the decision and possibly provided with a copy of it.

If you change or cancel your Living Will or make a new one, you should make sure that the relevant people are informed.