

ADVANCE HEALTH CARE DIRECTIVE

Commonwealth of Pennsylvania

20 Pa.C.S. §§ 5451-5465

PART I: APPOINTMENT OF HEALTH CARE AGENT

I, Dorothy Mae Fitzgerald _____ of Reading, Berks County, PA _____

hereby appoint the following individual as my health care agent:

Agent Name: Catherine E. Fitzgerald-Walsh _____

Address: 314 Penn Ave., West Reading, PA 19611 _____

Phone: (610) 555-0276 _____ Relationship: Daughter _____

Successor Agent: Thomas J. Fitzgerald Jr. _____

Address: 2200 Perkiomen Ave., Mt. Penn, PA 19606 _____

Phone: (610) 555-0194 _____ Relationship: Son _____

PART II: HEALTH CARE TREATMENT INSTRUCTIONS

A. Treatment Preferences (check one):

- I want all medically appropriate treatment to prolong my life
- I do not want treatment to prolong my life if I am in a terminal condition or permanently unconscious
- I want my agent to make all treatment decisions for me

B. Specific Instructions (check all that apply):

- I do NOT want cardiopulmonary resuscitation (CPR)
- I do NOT want mechanical ventilation / breathing machines
- I do NOT want tube feeding or IV fluids for nutrition
- I do NOT want dialysis
- I DO want maximum pain relief even if it shortens my life
- I DO want comfort care (palliative care) at all times
- I DO want hospice care when appropriate

C. Mental Health Treatment:

- I authorize my agent to consent to mental health treatment
- I DO NOT authorize mental health treatment decisions by my agent

DMF

Updated per D. Fitzgerald 9/2024

D. Organ and Tissue Donation:

- I consent to organ/tissue donation for:
 - Transplant
 - Research
 - Education
- I DO NOT consent to organ/tissue donation

PART III: SIGNATURE

By signing here, I indicate that I am emotionally and mentally competent to make this advance directive and that I understand the purpose and effect of this document.

Principal's Signature: 

Printed Name: Dorothy Mae Fitzgerald

Date: October 3, 2024

WITNESSES

I declare that the person who signed this document, or asked another to sign on their behalf, did so in my presence, that they appear to be of sound mind and not under duress or undue influence.

Witness 1:		Date: 10/03/2024
Print:	Barbara K. Moyer	Address: 56 Tulpehocken St., Reading, PA
Witness 2:		Date: 10/03/2024
Print:	Richard P. Stoudt	Address: 1120 Centre Ave., Reading, PA

NOTARIZATION

Commonwealth of Pennsylvania, County of Berks

Sworn and subscribed before me on this 3rd day of October, 2024.

Notary: 
Commission Expires: November 12, 2026

