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Legal Forms & Services

FirstName LastName

ALABAMA
HEALTH CARE DIRECTIVE
& LIVING WILL

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The answers you provide in the questionnaire are incorporated in this document at your direction. The form was developed by attorneys based on the laws of your state. You are responsible for finalizing the document and having it reviewed by an attorney.

Finalizing a Health Care Directive & Living Will in Alabama

After printing your document, you will need to finalize it. Below are the steps:

1. Print out your document
2. Review, initial, sign, and date in front of two witnesses
3. Have two witnesses sign and date
4. Have health care proxy sign and date
5. Keep document in a safe place

Notice: Some state laws require the principal to initial next to the instructions they have provided in order for that instruction to be effective. Review the state laws applicable to health care directives and living wills, review the document carefully, and initial where required by law.

Some state laws prohibit the designation of certain people as a health care agent. To avoid that result, you should review your state laws applicable to who can and cannot be a health care agent.

Some state laws prohibit certain people from being witnesses to a health care directive and living will. Review your state's laws on witness requirements for health care directives and living wills.

HEALTH CARE DIRECTIVE & LIVING WILL
FOR
FirstName LastName

This document includes the following:

Living will with health care instructions to guide those making health care decisions on my behalf in the event I am unable to communicate or make my health care decisions on my own.

Designation of a health care proxy to make my health care decisions based on these instructions if I am unable to speak or make them myself. If my wishes are unknown, my health care proxy should act in my best interest.

ADVANCE DIRECTIVE FOR HEALTH CARE
(Living Will and Health Care Proxy)

Section 1. Living Will

I, FirstName LastName, being of sound mind and at least 19 years old, would like to make the following wishes known. I direct that my family, my doctors and health care workers, and all others follow the directions I am writing down. I know that at any time I can change my mind about these directions by tearing up this form and writing a new one. I can also do away with these directions by tearing them up and by telling someone at least 19 years of age of my wishes and asking him or her to write them down.

I understand that these directions will only be used if I am not able to speak for myself.

IF I BECOME TERMINALLY ILL OR INJURED:

Terminally ill or injured is when my doctor and another doctor decide that I have a condition that cannot be cured and that I will likely die in the near future from this condition.

Life sustaining treatment--Life sustaining treatment includes drugs, machines, or medical procedures that would keep me alive but would not cure me. I know that even if I choose not to have life sustaining treatment, I will still get medicines and treatments that ease my pain and keep me comfortable.

_____ Yes. I WANT to have life sustaining treatment if I am terminally ill or injured.

Artificially provided food and hydration (Food and water through a tube or an IV)--I understand that if I am terminally ill or injured I may need to be given food and water through a tube or an IV to keep me alive if I can no longer chew or swallow on my own or with someone helping me.

_____ Yes. I WANT to have food and water provided through a tube or an IV if I am terminally ill or injured.

IF I BECOME PERMANENTLY UNCONSCIOUS:

Permanent unconsciousness is when my doctor and another doctor agree that within a reasonable degree of medical certainty I can no longer think, feel anything, knowingly move, or be aware of being alive. They believe this condition will last indefinitely without hope for improvement and have watched me long enough to make that decision. I understand that at least one of these doctors must be qualified to make such a diagnosis.

Life sustaining treatment--Life sustaining treatment includes drugs, machines, or other medical procedures that would keep me alive but would not cure me. I know that even if I choose not to have life sustaining treatment, I will still get medicines and treatments that ease my pain and keep me comfortable.

____ No. I DO NOT WANT to have life sustaining treatment if I am permanently unconscious.

____ No. I DO NOT WANT to have food and water provided through a tube or an IV if I am permanently unconscious.

OTHER DIRECTIONS:

____ No, I do not have any other directions.

AFTER MY DEATH.

Anatomical Gifts:

I do not wish to leave instructions for anatomical gifts at this time.

Autopsy:

____ I authorize an autopsy of my body after I die.

EFFECT OF PREGNANCY. In the event I am pregnant or become pregnant, the instructions in this health care directive & living will not be followed during my pregnancy.

Section 2. If I need someone to speak for me.

This form can be used in the State of Alabama to name a person you would like to make medical or other decisions for you if you become too sick to speak for yourself. This person is called a health care proxy. You do not have to name a health care proxy. The directions in this form will be followed even if you do not name a health care proxy.

_____ I do want the person below to be my health care proxy. I have talked with this person about my wishes.

First Choice for Health Care Proxy:

Name: FirstName LastName

Relationship: Spouse

Address: 111 Street Address

 City, Alabama 12345

Phone: 555-555-5555

Email: name@email.com

If this person is not able, not willing, or not available to be my health care proxy, this is my next choice:

Name: FirstName LastName

Relationship: Son

Address: 222 Street Address

 City, Alabama 12345

Phone: 555-555-5555

Email: name@email.com

Instructions for Proxy

Place your initial by “Yes” or “No”:

_____ Yes. I want my health care proxy to make decisions about whether to give me food and water through a tube or an IV.

No. I DO NOT WANT my health care proxy to make decisions about whether to give me food and water through a tube or an IV.

Place your initial by one of the following:

I want my health care proxy to follow only the directions as listed on this form.

____ I want my health care proxy to follow my directions as listed on this form and to make any decisions about things I have not covered in the form.

I want my health care proxy to make the final decision, even though it could mean doing something different from what I have listed on this form.

Section 3. The things listed on this form are what I want.

I understand the following:

If my doctor or hospital does not want to follow the directions I have listed, they must see that I get to a doctor or hospital who will follow my directions.

If I am pregnant, or if I become pregnant, the choices I have made on this form will not be followed until after the birth of the baby.

SIGNATURES

I, FirstName LastName, sign this directive voluntarily and declare I am capable of understanding the instructions I have given and the choices I have made therein. I understand that I may revoke this directive at any time prior to my incapacity.

FirstName LastName

Date

If I cannot sign my name, I ask the person named below to sign for me.

Signature

Name

Signature of Witnesses (two needed to sign)

I am witnessing this form because I believe this person to be of sound mind. I did not sign the person's signature, and I am not the health care proxy. I am not related to the person by blood, adoption, or marriage and not entitled to any part of the person's estate. I am at least 19 years of age and am not directly responsible for paying for this person's medical care.

First Witness Name

First Witness Signature

Date

Second Witness Name

Second Witness Signature

Date

Signature of Proxy

I, _____ (proxy name), am willing to serve as the health care proxy.

Proxy Signature

Date

Signature of Second Choice for Proxy

I, _____ (proxy name), am willing to serve as the health care proxy.

Proxy Signature

Date