The living will

TO MY FAMILY AND PHYSICIAN:	
This declaration is made by me (full name)	
I.D. Number:	
Address:	
If the time comes when I can no longer tak future, let this declaration stand as the testa	•
If there is no reasonable prospect of my recimpairment in which I am suffering continua again living a rational existence and when I consulted regarding my wishes, I request the and not be kept alive by artificial means. I rewhatever drugs necessary to keep me comformay reduce the length of my life.	al pain or am incapable of ever am no longer capable of being nat I be allowed to die with dignit equest that they administer
This form is signed and dated by me in the witnesses who at my request in my present witnesses.	
Signed:	
Date:	
Witnessed by:	
Signed:	Signed:
Name:	Name:

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