

## What is on the Form?

### Part 1:

This is where you choose someone to make health care decisions for you when you are not able to speak for yourself.

### Part 2:

This is where you list your choices for what kind of treatment you want. You can choose for it to apply if you are very close to dying or you are in a coma and will not ever wake up. You can fill out only part 2 if you want - you don't have to name anyone in Part 1. Part 2 tells the doctor or hospital what you want.

### Part 3:

This is where you can name a guardian if you want one.

Part 4: Here is where you sign. It must be witnessed by 2 witnesses.