

# ADVANCE MEDICAL DIRECTIVE

## MEDICAL POWER OF ATTORNEY

I, \_\_\_\_\_ residing at \_\_\_\_\_,  
 as principal, hereby designate and appoint \_\_\_\_\_, residing at \_\_\_\_\_,  
 as my agent for all matters relating to my health care including, but not limited to, full power to give, refuse or revoke consent to all medical, surgical and hospital care. Specifically, I authorize my agent to order the refusal, discontinuation or withdrawal of all forms of life- sustaining treatment if my agent determines that based upon his/her knowledge of my personal instructions, beliefs and value system I would not want to have such treatment instituted or continued. This power of attorney shall not be affected by any disability of the principal.  
 Signed, sealed and Delivered in the presence of

\_\_\_\_\_  
 Agent's signature  
 STATE OF NEW JERSEY )  
 ) ss.:  
 COUNTY OF )  
 \_\_\_\_\_  
 Principal's signature

BE IT REMEMBERED THAT ON THIS \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me the subscriber, a Notary Public of New Jersey, personally appeared \_\_\_\_\_, who I am satisfied is the person named in and who executed the within Power of Attorney and he/she acknowledged that he/she signed, sealed and delivered said Power of Attorney as his/her voluntary act and deed, for the uses and purposes therein expressed.

\_\_\_\_\_  
 Notary Public

Reprinted by permission of the Society for the Right to Die, 250 W 57<sup>th</sup> St, New York, NY 10017

**If I should be in an irreversible or an incurable physical or mental condition with no reasonable expectation of recovery, I direct that all measures be provided to relieve pain. I further direct:**

Treatment Option	Perform	Withhold/Withdrawn
C.P.R.		
Transfer to hospital for emergency care		
Hospitalization for major surgery		
Antibiotics		
Artificially-provided hydration		
Artificially-provided nutrition		
Dialysis		
Ventilator Care		
Pacemaker		
Other		

\_\_\_\_\_  
 Signature Principal

NOTARY IS NEEDED OR TWO WITNESSES

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Date