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# ADVANCE DIRECTIVE

## *Living Will*

### INTRODUCTION

This document has been designed to assist you in the preparation of your Advance Directive. The purpose of having an Advance Directive is to make your wishes known regarding health care decisions if you become critically ill and lose your decision-making capacity.

It may also help to facilitate a dialogue between you, your physician and your family about specific types of care and life sustaining treatments you wish to receive. This discussion is an important part of the Advance Directive since the person you are choosing to make decisions on your behalf may gain a clearer understanding about your choices, as well as your feelings during this process. This person is called a mandatary. The active participation of a physician whom you know and trust will allow you to ask questions and be informed about the decisions you are making. It is strongly recommended that you ask as many questions as you wish in order to eliminate any possibility of confusion and uncertainty. This will ensure that your personal values and end of life decisions are respected. End of life care is usually palliative where the goals shift from cure to comfort and dignity.

Completion and update of your Advance Directive could reduce the burden on your family and care givers if they need to make end of life decisions for you. It is important to feel that those you trust are doing the right thing for you. They need your guidance to make the life and death decisions, that appropriately reflect your choices.

In the document you will be asked to consider what your wishes would be in different scenarios. To assist you, a glossary has been included describing the terminology in greater detail. The aim of this glossary is to provide you with as much information as possible and, to encourage questions if you are troubled by anything you have read.

Your feedback about this document as well as your experience during the process of completing it would be both welcomed and appreciated. You may address your comments to:

Dr. Michael Dworkind  
Herzl Family Practice Center  
Sir Mortimer B. Davis Jewish General Hospital

**This document addresses health issues only. For other issues such as administration of property, finances, etc., contact a notary or lawyer.**



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# GLOSSARY

## Health Situations of Incapacity

In order to make an Advance Directive, you need to imagine yourself becoming very ill or nearing death. It is not easy to imagine these situations or to decide upon treatments for them. To help you with this, we describe in detail some health situations in which an Advance Directive might be needed and a glossary of terms to help you.

### DEMENTIA

- This is a progressive and irreversible deterioration of the brain function. It includes difficulty with awareness and trouble thinking clearly, recognising people and communicating.
- Most common cause of dementia is Alzheimer's disease.
- Dementia gradually gets worse over months or years, depending on severity.

#### Mild dementia

- You would be forgetful and have poor short-term memory.
- You could carry out activities of daily living, such as work, dressing, eating, bathing, etc.
- You would have good bowel and bladder control and would be capable of living at home with some help for a few hours each day.

#### Moderate dementia

- You would not always recognise family and friends.
- You could carry out conversations but you might not always make sense.
- You would need help with routine daily activities.
- You may have bowel and bladder control.
- You could live at home with someone caring for you throughout the daytime; otherwise you would probably need to live in a supervised setting.

#### Severe dementia

- You would not recognise family and friends.
- You would be unable to have meaningful conversations.
- You would be unable to carry out the activities of daily living.
- You might need a feeding tube for nourishment.
- You would not have bowel and bladder control.
- You could live at home with someone caring for you all day and night; otherwise you would probably need to be cared for in a chronic care hospital.

### PERMANENT COMA

This means that you would be permanently unconscious:

- Unable to be aroused even by painful stimuli.
- Unable to eat or drink and therefore requiring a feeding tube for nourishment.
- Without bowel or bladder control.
- Bed-bound and never to regain consciousness.
- Require around the clock nursing care, either at home or in a chronic care hospital.

### PERSISTENT VEGETATIVE STATE

This means the same state of unconsciousness as with permanent coma, however in PVS there may be:

- Opening and closing of eyes.
- Response to pain stimulation or other reflexes.

### STROKE

This means a damage to the brain caused by lack of circulation to the brain or bleeding in the brain.

- Symptoms include trouble with communication, paralysis, difficulty swallowing, difficulty with bowel and bladder function.
- You might improve or worsen over time depending on severity and recurrence.

#### Mild strokes

- Usually have good recovery, sometimes with mild paralysis on one side of the body. You could be capable of continued walking with or without aids. After a mild stroke, you will usually be able to engage in activities of daily living. You could be as independent as you were before the stroke.

#### Moderate strokes

- More severe paralysis on one side of the body, with inability to walk and the need for a wheelchair. You may or may not have full conversational ability and will need help with routine daily activities, such as bowel and bladder function.
- You would be more likely to need nursing care.

#### Severe strokes

- This includes severe paralysis on one side of the body, leaving you completely bed-bound or chair-bound with little chance of recovery.
- May not be able to have meaningful conversations.
- Unable to carry out routine daily activities.
- May require feeding tube for nourishment.
- Probably would need to be cared for in a chronic care hospital.

### TERMINAL ILLNESS

This means you have an illness for which there is no known cure, such as some types of advanced cancer. Treatments in this phase are purely for the goals of comfort and palliative care.

- Despite active treatment, these illnesses are always fatal.
- There is a progressive decline in physical and/or mental ability requiring more care and dependence on others.

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## Terminology within the Advance Directive

**ADVANCE DIRECTIVE** is a document made by someone when competent to express their wishes for health care decisions in the event of future incompetence, Also called a **Living Will** or **Mandate**

**BLOOD TRANSFUSION** refers to blood given through a needle inserted in a person's vein. A person who is bleeding very heavily from a car accident, a stomach ulcer or during major surgery needs a blood transfusion.

**CARDIOPULMONARY RESUSCITATION (CPR)** is used to try to restart the heart if it has stopped beating. CPR involves applying pressure and electrical shocks to the chest, assisting breathing with a ventilator (breathing machine) through a tube inserted down the throat and into the lungs, and giving drugs through a needle into a vein. It is usually followed by unconsciousness and several days of treatment in an intensive care unit. Without CPR, immediate death is certain. On average, when hospitalised patients are given CPR, it is successful at restarting the heart in about 41% of patients (41 patients out of 100). However, only about 14% (14 patients out of 100) will live to be discharged from hospital. Patients whose hearts are successfully restarted but who do not survive to hospital discharge spend several days in an intensive care unit before death. The chances that a person will live depend on the cause of the heart stopping and the seriousness of the person's other illness(es). Research shows those patients with cancer and severe infections, for example, almost never survive CPR to leave the hospital.

**COMPETENCY** A competent person is someone who is able to understand the benefits and burdens of accepting treatment and refusing treatment and their consequences.

**DIALYSIS (kidney machine)** replaces the normal functions of the kidney. Dialysis removes excess potassium, water, and other waste products from the blood. Without dialysis, the potassium in the blood would build up and cause the heart to stop. Dialysis is needed as long as the person's kidneys are not working. Without dialysis, a person with kidney failure will die within 7 to 14 days. With dialysis, the chance that a person will live depends on the cause of the kidney failure and the seriousness of the person's other illnesses.

**FUTILE** This concept holds that the decisions regarding the termination of treatment should be based on the effectiveness of the treatment, and if not effective, then it is considered futile. It will not work or the patient will not benefit from the treatment. Health care providers must discuss the burden and benefit of any treatments with patients and surrogates.

**INTRAVENOUS (IV)** fluids given by needle inserted into

a vein to replace fluid losses and to deliver certain medications

**LIFE-SAVING ANTIBIOTICS** refers to the drugs needed to treat life-threatening infections for example, pneumonia or meningitis. These drugs are usually given through a needle inserted in a person's vein. Without antibiotics, a person with a life-threatening infection will likely die in hours to days. With antibiotics, the chance that a person will live depends on the seriousness of the infection and the seriousness of the person's other illnesses.

**LIFE-SAVING SURGERY** may involve a wide range of procedures, for example, removal of an inflamed gall bladder or appendix. Without surgery, a person with a serious illness may die within hours to days. With surgery, the chance that a person will live depends on why the person needed surgery and the seriousness of the person's other illnesses.

**[M] MANDATE ALERT** (*used at the Jewish General Hospital*): This insignia will be placed on your hospital identification card and in the computer registration where they are seen in the emergency room, outpatient clinics or hospital. This alerts people to the existence of your mandate (Advance Directive or Living Will).

**MANDATORY/SURROGATE/PROXY** are all words used interchangeably to describe the person who makes decisions on behalf of the person who has lost his or her decision-making capacity or is deemed incompetent. This person should understand the preferences, values and beliefs of the person for whom he or she is speaking.

**The Mandatory, Surrogate or Proxy** must first of all make decisions according to the most recent expressed wishes of the patient made when the patient was competent (e.g. wishes expressed in an Advance Directive). If the patient's wishes are not written down, the decisions must be consistent with the preferences, values, and beliefs of the patient. Most hospital policies recognize that the patient or mandatory could change his/her mind and provide ways to address the flexibility of responses to given concerns. The existence of an advance care plan is vitally important to give strength and credibility to the mandatory's position.

Most institutions have policies that provide conflict resolution mechanisms so that there can be discussion should there be any kind of ethical or decision making dilemma arising from the process of substitute decision making. Consulting the clinical ethics service is the best way to address these situations.

**MANDATE ALERT FORM** This separate sheet is designed to go into your hospital chart to alert people to the fact that you *have* an Advance Directive and it will indicate

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where the completed Advance Directive can be found. It should be mailed to the Medical Records Department and they will put it in your hospital chart.

**MANDATOR** is the term to describe the person who makes an Advance Directive.

**PALLIATIVE CARE** The focus shifts from cure to care involving pain and symptom management for the terminally ill patient and family. Comfort and dignity are the goals of palliative care.

**TUBE FEEDING** involves putting a tube into a person's stomach or bowel (through the nose, or through a small hole in the abdomen). A person who cannot eat (e.g. someone in a coma) needs a feeding tube. Tube feeding is needed as long as the person cannot eat. Without tube feeding, a person who cannot eat or drink will die within days to weeks.

**VENTILATOR (also called respirator or breathing machine)** is used when a person cannot breathe: for example, because of emphysema or a serious pneumonia. A tube is put down the person's throat, into the

lungs. The ventilator is needed as long as the person's lungs are not working. Without the ventilator, a person with respiratory failure will probably die within minutes to hours. With the ventilator, the chance that a person will live depends on the cause of the respiratory failure, and the seriousness of the person's other illnesses.

**WITHHOLDING TREATMENT** This means that a patient's life-sustaining interventions are withheld or not given. The competent patient or his/her surrogate has the right to refuse consent to these interventions, even knowing that this might lead to death.

**Withdrawal of treatment** means the potentially life-sustaining interventions are stopped. The competent patient or his/her surrogate has the right to withdraw/stop treatment even when doing so may be effecting the patient's life. One could tick off the **initiation of treatment** category of the Advance Directive as well as **withdrawn** or **withheld** depending on the preferences of the individual and the circumstances in which these decisions are being made.



The Sir Mortimer B. Davis Jewish General Hospital



# ADVANCE DIRECTIVE - LIVING WILL -

Name : \_\_\_\_\_ Date of birth \_\_\_\_\_

This Advance Directive expresses my wishes regarding medical treatments in the event that my physical or mental condition prevents me from communicating them directly to my health care providers.

The following preferences shall guide my mandatary to advocate on my behalf.

**I If I am terminally ill, as determined by my attending physician,**

And, I am unable to recognize people or to communicate in any meaningful way, then I direct :

**A) That all forms of life-sustaining treatments including :**

- |                               |  |                                    |                                    |
|-------------------------------|--|------------------------------------|------------------------------------|
| Cardiopulmonary resuscitation | <input type="checkbox"/> shall be withheld | <input type="checkbox"/> withdrawn | <input type="checkbox"/> initiated |
| Ventilators *                 | <input type="checkbox"/> shall be withheld | <input type="checkbox"/> withdrawn | <input type="checkbox"/> initiated |
| Dialysis *                    | <input type="checkbox"/> shall be withheld | <input type="checkbox"/> withdrawn | <input type="checkbox"/> initiated |
| Major surgery *               | <input type="checkbox"/> shall be withheld |                                    | <input type="checkbox"/> performed |

That intravenous therapies including :

- |                     |  |                                    |                                       |
|---------------------|--|------------------------------------|---------------------------------------|
| Blood Transfusion * | <input type="checkbox"/> shall be withheld | <input type="checkbox"/> withdrawn | <input type="checkbox"/> administered |
| I.V. Antibiotics *  | <input type="checkbox"/> shall be withheld | <input type="checkbox"/> withdrawn | <input type="checkbox"/> administered |

That nutrition/hydration therapies including :

- |                  |  |                                    |                                       |
|------------------|--|------------------------------------|---------------------------------------|
| Tube Feeding *   | <input type="checkbox"/> shall be withheld | <input type="checkbox"/> withdrawn | <input type="checkbox"/> administered |
| I.V. Hydration * | <input type="checkbox"/> shall be withheld | <input type="checkbox"/> withdrawn | <input type="checkbox"/> administered |
| Other Routes     | <input type="checkbox"/> shall be withheld | <input type="checkbox"/> withdrawn | <input type="checkbox"/> administered |

**B) That pain medication shall be administered to me, even if it may dull my awareness and possibly shorten my life.**  Yes  No

Further instructions and/or clarification :

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\* See glossary

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**II. If I am not terminally ill:** But I am in a Persistent Vegetative State, meaning that I have lost all upper brain function, leaving me legally alive, but permanently unconscious, no matter what is done then I direct:

A) That all forms of life-sustaining treatments including :

- |                                |  |                                    |                                    |
|--------------------------------|--|------------------------------------|------------------------------------|
| Cardiopulmonary resuscitation* | <input type="checkbox"/> shall be withheld | <input type="checkbox"/> withdrawn | <input type="checkbox"/> initiated |
| Ventilators*                   | <input type="checkbox"/> shall be withheld | <input type="checkbox"/> withdrawn | <input type="checkbox"/> initiated |
| Dialysis*                      | <input type="checkbox"/> shall be withheld | <input type="checkbox"/> withdrawn | <input type="checkbox"/> initiated |
| Major surgery*                 | <input type="checkbox"/> shall be withheld |                                    | <input type="checkbox"/> performed |

That intravenous therapies including :

- |                    |  |                                    |                                       |
|--------------------|--|------------------------------------|---------------------------------------|
| Blood Transfusion* | <input type="checkbox"/> shall be withheld | <input type="checkbox"/> withdrawn | <input type="checkbox"/> administered |
| I.V. Antibiotics*  | <input type="checkbox"/> shall be withheld | <input type="checkbox"/> withdrawn | <input type="checkbox"/> administered |

That nutrition/hydration therapies including :

- |                 |  |                                    |                                       |
|-----------------|--|------------------------------------|---------------------------------------|
| Tube Feeding*   | <input type="checkbox"/> shall be withheld | <input type="checkbox"/> withdrawn | <input type="checkbox"/> administered |
| I.V. Hydration* | <input type="checkbox"/> shall be withheld | <input type="checkbox"/> withdrawn | <input type="checkbox"/> administered |
| Other Routes    | <input type="checkbox"/> shall be withheld | <input type="checkbox"/> withdrawn | <input type="checkbox"/> administered |

B) That pain medication shall be administered to me, even if it may dull my awareness and possibly shorten my life.

- Yes  No

Further instructions and/or clarification :

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**III. If I am not terminally ill:** But, I have brain damage that makes me unable to recognize people or to communicate with them on any meaningful level (e.g. advanced dementia, Alzheimer's Disease), although I may live like this for a long time, then I direct:

A) That all forms of life-sustaining treatments including :

- |                                |  |                                    |                                    |
|--------------------------------|--|------------------------------------|------------------------------------|
| Cardiopulmonary resuscitation* | <input type="checkbox"/> shall be withheld | <input type="checkbox"/> withdrawn | <input type="checkbox"/> initiated |
| Ventilators*                   | <input type="checkbox"/> shall be withheld | <input type="checkbox"/> withdrawn | <input type="checkbox"/> initiated |
| Dialysis*                      | <input type="checkbox"/> shall be withheld | <input type="checkbox"/> withdrawn | <input type="checkbox"/> initiated |
| Major surgery*                 | <input type="checkbox"/> shall be withheld |                                    | <input type="checkbox"/> performed |

That intravenous therapies including :

- |                    |  |                                    |                                       |
|--------------------|--|------------------------------------|---------------------------------------|
| Blood Transfusion* | <input type="checkbox"/> shall be withheld | <input type="checkbox"/> withdrawn | <input type="checkbox"/> administered |
| I.V. Antibiotics*  | <input type="checkbox"/> shall be withheld | <input type="checkbox"/> withdrawn | <input type="checkbox"/> administered |

That nutrition/hydration therapies including :

- |                 |  |                                    |                                       |
|-----------------|--|------------------------------------|---------------------------------------|
| Tube Feeding*   | <input type="checkbox"/> shall be withheld | <input type="checkbox"/> withdrawn | <input type="checkbox"/> administered |
| I.V. Hydration* | <input type="checkbox"/> shall be withheld | <input type="checkbox"/> withdrawn | <input type="checkbox"/> administered |
| Other Routes    | <input type="checkbox"/> shall be withheld | <input type="checkbox"/> withdrawn | <input type="checkbox"/> administered |

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- B) That pain medication shall be administered to me, even if it may dull my awareness and possibly shorten my life.  Yes  No

Further instructions and/or clarification :

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**IV. If I am not terminally ill:** But, I am in a coma (e.g. massive stroke), with a small likelihood of recovery, and a larger likelihood of dying then I direct:

- A) That all forms of life-sustaining treatments including :

Cardiopulmonary resuscitation *	<input type="checkbox"/> shall be withheld	<input type="checkbox"/> withdrawn	<input type="checkbox"/> initiated
Ventilators *	<input type="checkbox"/> shall be withheld	<input type="checkbox"/> withdrawn	<input type="checkbox"/> initiated
Dialysis *	<input type="checkbox"/> shall be withheld	<input type="checkbox"/> withdrawn	<input type="checkbox"/> initiated
Major surgery	<input type="checkbox"/> shall be withheld		<input type="checkbox"/> performed

That intravenous therapies including :

Blood Transfusion *	<input type="checkbox"/> shall be withheld	<input type="checkbox"/> withdrawn	<input type="checkbox"/> administered
I.V. Antibiotics *	<input type="checkbox"/> shall be withheld	<input type="checkbox"/> withdrawn	<input type="checkbox"/> administered

That nutrition/hydration therapies including :

Tube Feeding *	<input type="checkbox"/> shall be withheld	<input type="checkbox"/> withdrawn	<input type="checkbox"/> administered
I.V. Hydration *	<input type="checkbox"/> shall be withheld	<input type="checkbox"/> withdrawn	<input type="checkbox"/> administered
Other Routes	<input type="checkbox"/> shall be withheld	<input type="checkbox"/> withdrawn	<input type="checkbox"/> administered

- B) That pain medication shall be administered to me, even if it may dull my awareness and possibly shorten my life.  Yes  No

Further instruction and/or clarification :

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**V. I would like it to be known that I prefer to spend my final days in my own home if at all possible.**

Yes  No  Don't know

Some of the nursing care that I would prefer, whether I am home or in an institution, include the following:

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\* See glossary

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**VI I have further instructions and/or clarifications to help my health care team to do its best to fulfill my wishes within the limits of existing resources of my hospital.**

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**VII On the basis of personal principles and values, I have reached these choices for the following reasons : (religious, moral, ethical)**

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**VIII Preference for funeral arrangements :**

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**IX Preference for autopsy :**

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**X In case there is direct conflict between the above expressed preferences in this Advance Directive and my Mandatary and family, then I wish :**

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**I will make every effort to review this document on a regular basis (eg. yearly).**

Signature : \_\_\_\_\_ Date \_\_\_\_\_

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## MANDATARY

*The person who will speak and advocate for me (See glossary notes.)*

Name of 1st Mandatary : \_\_\_\_\_

Address : \_\_\_\_\_

Telephone # : (day) (     ) \_\_\_\_\_ Pager #: \_\_\_\_\_

(evening) (     ) \_\_\_\_\_ Cellular # \_\_\_\_\_

1st Mandatary signature : \_\_\_\_\_ Date : \_\_\_\_\_

Name of 2nd Mandatary : \_\_\_\_\_

Address : \_\_\_\_\_

Telephone # : (day) (     ) \_\_\_\_\_ Pager #: \_\_\_\_\_

(evening) (     ) \_\_\_\_\_ Cellular # \_\_\_\_\_

2nd Mandatary signature : \_\_\_\_\_ Date : \_\_\_\_\_

**Kindly copy the above information on to the red Mandate Alert form.**

- A) I declare that, if I become incapable of giving informed consent to health care decisions, I designate the above named person to be my mandatary, to make health care decisions on my behalf, including the right to consent, refuse to consent, or withdraw consent, to any procedure or treatment for any physical or mental condition.
- B) In the event this person is unavailable, unwilling or unable to act as my mandatary, I hereby appoint a 2<sup>nd</sup> person, to act on my behalf in exactly the same manner.
- C) In the event that neither mandatary is available, willing, or able to perform these duties, I direct those who provide my health care, such as my family, all physicians, nursing home officials, hospitals and other health care providers, to follow this Advance Directive.
- D) I declare to those responsible for me that my wishes expressed in the document are true evidence of my desires regarding all health care decisions.
- E) The appointment of the mandatary and this Advance Directive shall remain in force indefinitely, unless and until I revoke them. I will try to review both on an annual basis or at times when health care problems arise.
- F) This request is made after careful consideration. I wish all who care for me to feel morally bound to follow its mandate. I recognize that this appears to place a heavy responsibility upon my spokesperson, but it is with the intention of relieving him/her of such responsibility and of placing it upon myself, in accordance with my wishes, that this statement is made.
- No participant in the making of this Advance Directive or in its being carried into effect, whether it be a Health Care professional, member of my family, friend, or any other person, shall be held responsible in any way – morally, ethically, legally, professionally, socially, or otherwise – in complying with my directions.
- I understand that my health care team will do its best to fulfill my wishes within the limits of existing resources and within the boundaries of the hospital's policies (available upon request by contacting Director of Professional Services of the hospital).**

My name (mandator) : \_\_\_\_\_ Date of birth \_\_\_\_\_

Signature : \_\_\_\_\_ Date of signing \_\_\_\_\_

## ADVANCE DIRECTIVE CHECKLIST

To complete an Advance Directive, it is important to ensure that all the appropriate steps have been followed, so that your living will can be accessed and activated when needed. The checklist is a quick review of the necessary steps.

	YES	NO
<b>1.</b> Meet with my doctor to help guide me in completing my Advance Directive	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>		
<b>2.</b> Advance Directive completed	<input type="checkbox"/>	<input type="checkbox"/>
dated	<input type="checkbox"/>	<input type="checkbox"/>
signed	<input type="checkbox"/>	<input type="checkbox"/>
witnessed	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>		
<b>3.</b> Organ donor card completed	<input type="checkbox"/>	<input type="checkbox"/>
dated	<input type="checkbox"/>	<input type="checkbox"/>
signed	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>		
<b>4.</b> Give both my mandataries copies	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>		
<b>5.</b> Inform my family of my Advance Directive	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>		
<b>6.</b> Request that my doctor include my Advance Directive in my medical chart in his/her office	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>		
<b>7.</b> Ensure that copies are available should any hospitalization occur	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>		
<b>8.</b> Mail my <b>mandate alert form</b> ( <i>Glossary page 3</i> ) to the JGH Medical Records Department	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>		
<b>9.</b> Ensure that my hospital ID card has been updated to indicate that I have an Advance Directive [ <b>M</b> ] ( <i>Glossary page 3</i> )	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>		
<b>10.</b> Discuss with my significant others my end of life decisions	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>		
<b>11.</b> Review my Advance Directive every year or when health status changes	<input type="checkbox"/>	<input type="checkbox"/>

Dates revised: \_\_\_\_\_

\_\_\_\_\_

## DECLARATION OF WITNESSES

I declare that the person who signed this document is personally known to me and appears to be of sound mind and is acting out of his / her own free will. He / she signed (or asked another to sign for him / her) this document in my presence.

### Witness # 1

Name : \_\_\_\_\_

Occupation : \_\_\_\_\_

Address : \_\_\_\_\_

Signature : \_\_\_\_\_

Date : \_\_\_\_\_

### Witness # 2

Name : \_\_\_\_\_

Occupation : \_\_\_\_\_

Address : \_\_\_\_\_

Signature : \_\_\_\_\_

Date : \_\_\_\_\_

The witness must be 18 years of age and older and not be a relative of the mandator.

### ORGAN AND TISSUE DONOR CARD

Of \_\_\_\_\_

I hereby give my consent, upon my death  
 To have all organs and tissues, judged suitable for transplantation, removed from my body.  
 Restrictions : \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

