

ADVANCE DIRECTIVE/LIVING WILL DIRECTIONS

Please complete page one, the upper part of page two and the upper part of the Massachusetts form.

PLEASE DO NOT SIGN UNTIL TWO WITNESSES (UNRELATED) AND A NOTARY ARE PRESENT. THIS IS VERY IMPORTANT. VALID ONLY WHEN SIGNED IN FRONT OF TWO WITNESSES AND A NOTARY.

WITNESS & NOTARY LINES: Witnesses to sign and print their name & address on lines provided.
Notary to complete bottom portion of page two of the Advance Directive/Living Will form.

PLEASE NOTE:

❖ If you are unable to complete this document during your stay at Day Kimball Hospital, please call the Pastoral Care Department at (860) 928-6541 X2644 or (860) 963-6344 for assistance. Volunteer witnesses and a notary will be called, and at an agreed time, they will meet with you at Day Kimball Hospital to witness your signature and have your document notarized.

OR

❖ You may also complete your Living Will/Advance Directive at a bank, a town hall, or any notary's place of business. You need to arrange to have two (unrelated) witnesses and the notary present to witness your signature. They then need to complete their portion of the Advance Directive/Living Will.

Once completed, keep the original at home in a safe, unlocked place and make copies for the following individuals. Be sure to have a **conversation** with each of these individuals regarding your wishes and intentions.

- ✓ Primary Health Care Agent & Alternate
- ✓ Primary Care Physician
- ✓ Day Kimball Hospital Medical Records Dept.
- ✓ Clergy, Attorney, Etc.
- ✓ Family Members



If you have any questions, please call Rev. Jonathan Scott or Roger Franklin in the Pastoral Care Department at (860) 928-6541 Ext. 2644 or (860) 963-6344

