

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 (WHO ARE NOT NAMED AS HEALTHCARE REPRESENTATIVES) ARE PRESENT. *THIS IS VERY IMPORTANT.* VALID ONLY WHEN SIGNED IN FRONT OF TWO WITNESSES. THE NOTARY IS OPTIONAL.

WITNESS & NOTARY LINES: Witnesses to sign and print their name & address on lines provided.
Notary to complete bottom portion of page two of the CT 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. A notary will be provided by Day Kimball Hospital, and at an agreed time, he or she will meet with you at the 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 witnesses (not your healthcare representatives) 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

DKH DAY KIMBALL HEALTHCARE

