Tennessee Living Will Template

This Tennessee Living Will document is prepared in accordance with the Tennessee Right to Natural Death Act. It is designed to express the wishes of the individual regarding medical treatment in the event they become unable to communicate those wishes due to illness or incapacity.

Personal Information

- Full Name: _____
- Date of Birth: _____
- Address: _____
- City: _____ State: TN
- Zip Code: _____
- Phone Number: _____

Declaration

I, _____ [insert your name], being of sound mind, voluntarily make known my desire that my dying shall not be artificially prolonged under the circumstances set forth below, and I hereby declare:

1. If at any time I should have an incurable injury, disease, or illness certified to be a terminal condition by two physicians who have personally examined me, one of whom shall be my attending physician, and the physicians have determined that my death is imminent and will occur whether or not life-sustaining procedures are utilized and where the application of such procedures would serve only to artificially prolong the dying process, I direct that such procedures be withheld or withdrawn, and that I be permitted to die naturally.
2. In the absence of my ability to give directions regarding the use of such life-sustaining procedures, it is my intention that this declaration shall be honored by my family and physician(s) as the final expression of my legal right to refuse medical or surgical treatment and accept the consequences of such refusal.
3. I understand the full import of this declaration and I am emotionally and mentally competent to make this declaration.

LivingWillForm.com

Signature

_____

Date: _____

Witnesses

The declarant has been personally known to me and I believe him or her to be of sound mind. I am not the attending physician, an employee of the attending physician or health care facility in which the declarant is a patient, nor a relative of the declarant.

- Witness #1 Signature: _____
- Date: _____
- Witness #2 Signature: _____