

Links to Advance Directive Forms by State

The links below were collected by the authors from governmental, health system, and medical or law society websites as the most current at the time of first publication of this second edition. We recommend using the state forms as a starting point in discussions with your physician and legal adviser and in making your own advance directive. In some cases, the living will form and durable power of attorney for health care (DPAHC) form are on different websites. These links are also accessible at the Johns Hopkins University Press website for this book at www.press.jhu.edu/books/title_pages/9306.html. A helpful website for state forms, in case any of the links listed here prove to have been discontinued, is www.caringinfo.org/i4a/pages/index.cfm?pageid=3425. Alternately, if you discover a broken link that prevents you from accessing a form, please search for “advance directive” on your state Attorney General’s website.

Alabama

www.legislature.state.al.us/codeofalabama/1975/22-8A-4.htm

Alaska

www.hss.state.ak.us/pdf/advancedirective.pdf

Arizona

www.azag.gov/seniors/life_care/LifeCarePlanning.html

Arkansas

www.arkbar.com/whats_new/Advance%20Directive%20Information%20-%20for%20ABA.pdf

California

www.ag.ca.gov/consumers/pdf/AHCDSI.pdf

Colorado

www.thememorialhospital.com/tmhc.nsf/view/AdvancedDirectives

Connecticut

www.ct.gov/ag

(search for “Advance Directive”)

Delaware

www.dhss.delaware.gov/dhss/dsaapd/advance.html

District of Columbia

www.dcha.org/Publications/AdvanceDirective.pdf

Florida

myfloridalegal.com/pages.nsf/Main/B18C541B29F7A7F885256FEF0044C13A

Georgia

Living Will: aging.dhr.georgia.gov/DHR-DAS/DHR-DAS—Publications/LivingWill.pdf

DPAHC: aging.dhr.georgia.gov/DHR-DAS/DHR-DAS—Publications/DPAHCVR.pdf

Hawaii

www.capitol.hawaii.gov/hrscurrent/Vol06—Cho321-0344/HRS0327E/HRS—0327E-0016.htm

Idaho

www2.state.id.us/ag/living—wills/LivingWill—DurablePowerOfAttorney.pdf

Illinois

www.idph.state.il.us/public/books/advin.htm

Indiana

www.caringinfo.org/files/public/indiana.pdf

Iowa

www.state.ia.us/elderaffairs/Documents/GiftofPeaceofMind.pdf

Kansas

www.agingkansas.org/kdoa/publications/alzheimers/otr_forms_nfo.htm

Kentucky

ag.ky.gov/livingwill/

Louisiana

Living Will: www.sec.state.la.us/pubs/Liv_Will_Dec_form-1.pdf

DPHAC: www.ololrmc.com/workfiles/wills_durable.pdf

Maine

www.maine.gov/dhhs/beas/resource/adf.pdf

Maryland

www.oag.state.md.us/Healthpol/adirective.pdf

Massachusetts

www.massmed.org/AM/Template.cfm?Section=Search&template=/CM/HTMLDisplay.cfm&ContentID=10648

Michigan

www.michbar.org/elderlaw/pdfs/dpoa_hc.pdf

Minnesota

www.mnaging.org/advisor/directive.htm

Mississippi

www.msdh.state.ms.us/msdhsite/_static/resources/75.pdf

Missouri

www.ago.mo.gov/publications/lifechoices/lifechoices.htm

Montana

www.montana.edu/wwwpb/pubs/mt9202.html

Nebraska

www.hhs.state.ne.us/ags/advdir.htm

Nevada

dhcfp.state.nv.us/HIPAA/NV%20Law%20Concerning%20Advanced%20Directives.pdf

New Hampshire

www.healthynh.com/downloads/endoflife.pdf

New Jersey

www.state.nj.us/health/ltc/advance—directives.pdf

New Mexico

www.phs.org/resources/documents/advance.pdf

New York

www.health.state.ny.us/nysdoh/hospital/english3.htm

North Carolina

www.ncmedsoc.org/pages/public—resources/death—and—dying.html

North Dakota

www.legis.nd.gov/cencode/t23c065.pdf

Ohio

olrs.ohio.gov/ASP/olrs—AdvanceDirect.asp

Oklahoma

www.okbar.org/public/brochures/default.htm

Oregon

www.oregon.gov/DCBS/SHIBA/docs/advance_directive_form.pdf

Pennsylvania

www.aging.state.pa.us/aging/lib/aging/Advance_Directives_brochure1.pdf

Rhode Island

Living Will: www.rilin.state.ri.us/Statutes/TITLE23/23-4.11/23-4.11-3.HTM

DPAHC: www.rilin.state.ri.us/Statutes/TITLE23/23-4.10/23-4.10-2.HTM

South Carolina

www.sctbar.org/pdf/public/LivingWill.pdf

South Dakota

Living Will: www.rcrh.org/Services/Patient/Docs/LivingWill.PDF

DPAHC: www.rcrh.org/Services/Patient/Docs/HealthCarePowerofAttorney.pdf

Tennessee

www2.state.tn.us/health/Boards/AdvanceDirectives/

Texas

www.texashealth.org/main.asp-level-2-id-DD579008B2CC42419E907944C83DBFE9

Utah

uuhs.c.utah.edu/ethics/UtahLaw.htm

Vermont

www.vtpa.org/Advance%20Directive.htm

Virginia

www.vda.virginia.gov/pdfdocs/AdvMedDir.pdf

Washington

www.wsma.org/patients/who_decide.html

West Virginia

www.wvbar.org/barinfo/lawyer/will2.htm

Wisconsin

dhfs.wisconsin.gov/forms/AdvDirectives/ADFormsPOA.htm

Wyoming

www.caringinfo.org/files/public/Wyoming.pdf

Other Useful Links

The following websites aggregate links to state living will and durable power of attorney forms. If you are not able to access your state's form on one site, please check a different site. You may find that the living will form and durable power of attorney for health care (DPAHC) form can be found via different links.

U.S. Living Will Registry

<http://uslwr.com/formslist.shtm>

The American Bar Association

http://www.americanbar.org/content/dam/aba/migrated/2011_build/law_aging/st_spec_adv_dirs_update_2-11.authcheckdam.pdf

Deathwise

www.deathwise.org/resources/advance-directive-documents/

Everplans

<https://www.everplans.com/tools-and-resources/state-by-state-advance-directive-forms>

Lifecare Advance Directives

<http://www.lifecaredirectives.com/statutory.html>

Department of Veterans Affairs

http://www.ethics.va.gov/for_veterans.asp

My Advance Directives for Future Medical Treatment

My name _____

I currently have signed:

Living will

Date signed _____

Where original kept _____

Discussed with and copy given to:

My doctor

Name _____ Date _____

My proxy/health surrogate

Name _____ Date _____

Family members and other loved ones

Name _____ Date _____

Name _____ Date _____

Name _____ Date _____

Name _____ Date _____

Name _____ Date _____

Durable power of attorney for health care

Proxy name _____

Address _____

_____ Phone _____

Date signed _____

Where original kept _____

Discussed with and copy given to:

My doctor

Name _____ Date _____

My proxy/health surrogate

Name _____ Date _____

Family members and other loved ones

Name _____ Date _____

Name _____ Date _____

Name _____ Date _____

Name _____ Date _____

Name _____ Date _____

Organ donation card

Date signed _____

Where original kept _____

Discussed with:

My doctor

Name _____ Date _____

My proxy/health surrogate

Name _____ Date _____

Family members and other loved ones

Name _____ Date _____

Name _____ Date _____

Name _____ Date _____

Name _____ Date _____

Name _____ Date _____

My family covenant: I have entered a family covenant with my doctor, _____, and the following family members and friends: _____

If other family members or friends are not included above, they are not to be consulted about my health, given medical information without my consent or that of my proxy, and they are not to be part of any medical decision making on my behalf.

Signature _____ Date _____

Witness name/address:

Witness signature _____ Date _____

Witness name/address:

Witness signature _____ Date _____

This agreement has been discussed with and agreed to by the following persons, and a copy given to each:

My doctor

Name _____ Date _____

My proxy/health surrogate

Name _____ Date _____

Family members and other loved ones

Name _____ Date _____

Name _____ Date _____

Name _____ Date _____

Name _____ Date _____

Name _____ Date _____