

Patton Law Center, Legal Assistance Office  
Patton Barracks, Building 107  
DSN 373-5058/5059, COM: 06221-17-5058/5059

**ADVANCED MEDICAL DIRECTIVE (LIVING WILL)**  
**QUESTIONNAIRE**

DO YOU WISH:

- A. \_\_\_\_\_ Both an advanced medical directive (living will) and an instrument appointing an agent to express health care decisions.
- B. \_\_\_\_\_ Just an instrument appointing an agent to make health care decisions for you.
- C. \_\_\_\_\_ Just an advanced medical directive (living will)

STATE OF RESIDENCE: \_\_\_\_\_

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

Street Address (no PO Box): \_\_\_\_\_

ZIP, City \_\_\_\_\_

Are you married? Yes \_\_\_ No \_\_\_

1. Who do wish to designate as your agent to make health care decisions?

a. Your spouse? Yes \_\_\_ No \_\_\_ Other: \_\_\_\_\_

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

Street Address (no PO Box): \_\_\_\_\_

ZIP, City \_\_\_\_\_ Tel. \_\_\_\_\_

b. Is a successor agent to be designated? Yes \_\_\_ No \_\_\_

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

Street Address (No PO Box): \_\_\_\_\_

ZIP, City \_\_\_\_\_ Tel. \_\_\_\_\_

**2. Is said agent authorized to donate organs for transplants?**

Yes \_\_\_ No \_\_\_

**a. Is the authority to donate organs to include not just transplants but also the donation of organs and tissue for other medical, educational or scientific purposes?**

Yes \_\_\_ No \_\_\_

**b. Is the authority to donate organs to expressly exclude certain organs or to contain other detailed restrictions?**

**3. Is the authority to donate organs to be expressly conditioned upon there being no charge or assessment against your estate, heirs or insurance company?**

Yes \_\_\_ No \_\_\_

**4. Do you wish to express a desire to die at home rather than in a hospital?**

Yes \_\_\_ No \_\_\_

**5. Do you want to appoint the health care agent as the agent to deal with the disposition of your remains?**

Yes \_\_\_ No \_\_\_

If answer is "Yes", please answer the following two questions:

**Have you already paid for your funeral arrangements?**

Yes \_\_\_ No \_\_\_

**Do you have any special desires regarding the kind of funeral you wish to have (e.g. burial, cremation, full military honors, specific gravesite or location etc.)?**

**6. Are you on active duty in the military?**

Yes \_\_\_ No \_\_\_

**7. Are there any other issues you wish to address?**