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How to Complete Your Florida Living Will

Living Will (Section 765.303, Florida Statutes)

INSTRUCTIONS — KEEP FOR YOUR RECORDS. DO NOT ATTACH THIS PAGE TO YOUR DOCUMENT.

About this form. This is Florida's suggested statutory form for a living will. It states whether you want **life-prolonging procedures** withheld or withdrawn if you are incapacitated and have no reasonable medical probability of recovery. It is not a will for your property.

1. **Fill in the date and your name**
   Fill in the date and your full name at the top of the declaration.
2. **Initial the conditions that apply**
   Initial each condition under which you want life-prolonging procedures withheld or withdrawn: a terminal condition, an end-stage condition, or a persistent vegetative state.
3. **Name a surrogate (optional)**
   You may name someone to carry out this declaration. Leaving it blank does not invalidate your living will.
4. **Sign in front of two witnesses and a notary**
   Do not sign or date the form ahead of time. Florida requires two adult witnesses, and at least one may not be your spouse or a blood relative. First Choice can provide witnesses for an additional fee, and our notary completes the acknowledgment.
5. **Bring identification**
   Bring a current, government-issued photo ID, such as a driver license, state ID, or passport.

After It's Signed

- Florida law makes it your responsibility to let your doctor know you have a living will. Give a copy to your doctor and hospital for your medical records.
- Give copies to your surrogate and close family, and keep the original in a safe, easy-to-find place.
- You may revoke it at any time. We have a free Revocation of Advance Directive form.
- Pair it with a Florida Designation of Health Care Surrogate so someone can make other medical decisions for you.

Need a Notary and Witnesses? We Come to You.

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Witnesses available for an additional fee
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Have questions about this document? To consult with an attorney, contact **Gavrilov & Brooks Law Firm** at **(916) 504-0529** or **www.gavrilovlaw.com**. Main headquarters: 2315 Capitol Avenue, Sacramento, CA 95816.

This form is provided as a free convenience. First Choice Mobile Notary & Apostille is not a law firm, and a notary public who is not an attorney cannot give legal advice or help you decide what to write on this form. These instructions are general information only and are not legal advice. If you have questions about your situation, consult a licensed Florida attorney. © 2026 First Choice Mobile Notary & Apostille. All rights reserved. This form may be filled in and printed for personal use; it may not be copied, altered, or redistributed for commercial purposes.

LIVING WILL

(Section 765.303, Florida Statutes)

Declaration made this day of | month | year

I, (full name)

willfully and voluntarily make known my desire that my dying not be artificially prolonged under the circumstances set forth below, and I do hereby declare that, if at any time I am incapacitated and

☐ I have a terminal condition

☐ or I have an end-stage condition

☐ or I am in a persistent vegetative state

and if my primary physician and another consulting physician have determined that there is no reasonable medical probability of my recovery from such condition, I direct that life-prolonging procedures be withheld or withdrawn when the application of such procedures would serve only to prolong artificially the process of dying, and that I be permitted to die naturally with only the administration of medication or the performance of any medical procedure deemed necessary to provide me with comfort care or to alleviate pain.

It is my intention that this declaration be honored by my family and physician as the final expression of my legal right to refuse medical or surgical treatment and to accept the consequences for such refusal.

In the event that I have been determined to be unable to provide express and informed consent regarding the withholding, withdrawal, or continuation of life-prolonging procedures, I wish to designate, as my surrogate to carry out the provisions of this declaration:

Name | Phone

Address | Zip Code

I understand the full import of this declaration, and I am emotionally and mentally competent to make this declaration.

Additional Instructions (optional):

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X

(Signed)

Printed name

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WITNESSES

Witness rules (section 765.202, Florida Statutes): Two adult witnesses must sign in the presence of the principal and of each other. At least one witness must be neither the principal's spouse nor a blood relative.

Signed by the principal in our presence, and we, the undersigned witnesses, have signed below in the presence of the principal and of each other.

Witness 1

X _____

Signature of witness

Printed name

Address (street, city, state, ZIP)

Telephone

Witness 2

X _____

Signature of witness

Printed name

Address (street, city, state, ZIP)

Telephone

The principal's failure to designate a surrogate shall not invalidate the living will.

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NOTARIZATION

Having this document notarized, in addition to the two witnesses, provides proof that the signature is genuine, which helps when the document is presented to hospitals, out-of-state providers, or other institutions.

NOTARY ACKNOWLEDGMENT

State of _____ County of _____

The foregoing instrument was acknowledged before me by means of

☐ physical presence or

☐ online notarization,

this day of _____ month _____ year _____

by (name of principal) _____

☐ Personally Known OR

☐ Produced Identification

Type of identification produced _____

X _____

Signature of Notary Public

Print, type, or stamp commissioned name of Notary Public _____

Commission number _____ Commission expires _____

(Notary seal)

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