



LIVING WILL – Questionnaire

Name of Declarant: *Person drafting the Living Will*

Name of Surrogate: *Person to make medical decisions*

Address of Surrogate:

Phone Number(s) of Surrogate:

Email Address of Surrogate:

Name of Alternate Surrogate: *In the event that the primary surrogate is unavailable*

Address of Alternate Surrogate:

Phone Number(s) of Alternate Surrogate:

Email Address of Alternate Surrogate: