

Advance Directive for Health Care

(New Jersey Statutes Annotated §§ 26:2H-53 to 26:2H-78)

1. I, _____ (print or type full name), fill out this document to set forth my treatment instructions and to appoint a health-care representative in case of my incapacity.
2. I am one of Jehovah's Witnesses, and I direct that **NO TRANSFUSIONS of whole blood, red cells, white cells, platelets, or plasma** be given me under any circumstances, even if health-care providers believe that such are necessary to preserve my life. (Acts 15:28, 29) I refuse to pre-donate and store my blood for later infusion.
3. **Regarding end-of-life matters:** [initial one of the two choices]
 - (a) _____ I do not want my life to be prolonged if, to a reasonable degree of medical certainty, my situation is hopeless.
 - (b) _____ I want my life to be prolonged as long as possible within the limits of generally accepted medical standards, even if this means that I might be kept alive on machines for years.
4. **Regarding other health-care instructions** (such as current medications, allergies, medical problems, or any other comments about my health-care wishes), I direct that:

5. I give no one (including my representative) any authority to disregard or override my instructions set forth herein. Family members, relatives, or friends may disagree with me, but any such disagreement does not diminish the strength or substance of my refusal of blood or other instructions.
6. Apart from the matters covered above, I appoint the person named herein as my health-care representative to make health-care decisions for me. I give my representative full power and authority to consent to or to refuse treatment (including artificial nutrition and hydration) on my behalf, to consult with my doctors and receive copies of my medical records, and to take legal action to ensure that my wishes are honored. If my first appointed representative is unavailable, unable, or unwilling to serve, I appoint an alternate representative herein to serve with the same power and authority.
7. **Regarding health-care decisions during pregnancy [if applicable]:** I direct that my health-care provider and my health-care representative fully honor my refusal of blood transfusions even if

I am pregnant. In the event of my incapacity, my health-care representative has the authority to make health-care decisions for me even while I am pregnant.

8. I understand the purpose and effect of this Advance Directive for Health Care and sign it knowingly, voluntarily, and after careful deliberation.

(Signature*)

(Date)

(Address)

STATEMENT OF WITNESSES: I declare that the person who signed this document above is known to me and signed or directed another to sign this document in my presence, and that he or she appears to be of sound mind and free from duress, fraud, or undue influence. I am 18 years of age or older. **I am not the health-care representative or alternate representative appointed in this document.**

(Signature of witness)

(Signature of witness)

(Address)

(Address)

HEALTH-CARE REPRESENTATIVE*

Name: _____

Address: _____

Telephone(s): _____

ALTERNATE HEALTH-CARE REPRESENTATIVE*

Name: _____

Address: _____

Telephone(s): _____

*** Note:** Before signing this document, fill out the entire document (including the names, addresses, and telephone numbers of your health-care representatives). You should sign this document in the presence of two witnesses. You may appoint any adult to be your health-care representative except for a nonrelative operator, administrator, or employee of a health-care institution in which you are a patient or resident. A “nonrelative” is a person not related to you by blood, marriage, or adoption. However, you may appoint a physician to serve as your health-care representative as long as he or she is not serving as your attending physician at the same time.

Advance Directive for Health Care
(signed document inside)

NO BLOOD

