LEGALDRAFT

Florida Advance Directive

Living Will + Health Care Surrogate · Complete Fillable Kit

Written to Fla. Stat. §§ 765.202, 765.203, 765.302, 765.303

LegalDraft™ · Florida template by LegalDraft Technologies LLC

The complete Florida advance-care packet — the statutory Living Will with your initialed condition elections, the Designation of Health Care Surrogate with the immediate-authority election the statute offers, HIPAA access, the anatomical-gift election, the wallet card, and the distribution checklist. Complete the Information Schedule once; initial only what you choose.

Florida execution: two adult witnesses; your surrogate may NOT witness, and at least one witness must be neither your spouse nor a blood relative (§§ 765.202, 765.302). Copies are as effective as the original — distribution is the step that makes it work.

Start Here

The complete Florida advance-care packet — living will, surrogate designation, HIPAA access, anatomical-gift election, wallet notice, and guides. Interior pages are clean.

01 Complete the Information Schedule

Names and choices flow into all three parts.

02 Initial your Living Will conditions

The three condition lines (terminal, end-stage, persistent vegetative state) apply ONLY where you initial — exactly as the statutory form works.

03 Choose when your surrogate's authority begins

Florida lets you make it effective immediately or only upon your incapacity — Part II records your election.

04 Execute before two qualifying witnesses

Your surrogate cannot be a witness, and at least one witness must be neither your spouse nor a blood relative — ss. 765.202, 765.302, Fla. Stat. Notarization is optional for validity; a notary line is included because facilities welcome it.

05 Distribute copies widely

This is the one document that must be IN HANDS to work: surrogate, alternate, physician, hospital. A copy is as effective as the original — s. 765.202(5).

Information Schedule

Complete these fields once — your entries flow into the rest of the packet automatically.

Complete the fields; your entries flow through all three parts and the execution pages. The condition lines in the Living Will and the elections in Part II take effect only where YOU initial them.

YOU (THE PRINCIPAL)

Full legal name: Samuel T. Sample

County of residence (Florida): Orange

Date of birth: March 4, 1985

YOUR HEALTH CARE SURROGATE

Surrogate — full name: Sarah A. Sample

Surrogate — phone: (407) 555-0100

Relationship: spouse

Surrogate — address: 100 Sample Street, Orlando, FL 32801

Alternate surrogate — full name: Serena E. Sample

Alternate — phone: (407) 555-0101

Alternate — address: 200 Example Road, Winter Parl

OPTIONAL

Primary physician (name / practice): Dr. Imogen Care, Lake Health Family Medicine

Additional instructions you want honored (comfort, setting, spiritual care, people to call)

Comfort care at home if possible; my family should be called before any transfer.

Part I — Living Will

s. 765.303, Fla. Stat. — the statutory declaration, completed and expanded

Declaration made this date July 22, 2026 Declarant (your name) Samuel T. Sample

I 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

(initial) → I have a terminal condition S.T.S.

(initial) → I have an end-stage condition S.T.S.

(initial) → I am in a persistent vegetative state S.T.S.

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 designate as my surrogate to carry out the provisions of this declaration the surrogate (and alternate) named in Part II, whose contact information is set out in the Information Schedule. I understand the full import of this declaration, and I am emotionally and mentally competent to make it. My additional instructions, if any, appear in the Information Schedule and are incorporated here.

Initials _____

Part II — Designation of Health Care Surrogate

ss. 765.202–.203, Fla. Stat. — the statutory designation, completed

I, the principal named in the Information Schedule, designate as my health care surrogate the person named there as Surrogate. If my surrogate is not willing, able, or reasonably available to perform the duties, I designate the person named as Alternate to serve instead.

Authority granted. My surrogate is authorized to: receive any of my health information necessary to carry out this designation; consult expeditiously with appropriate providers to provide informed consent, and make health care decisions for me that my surrogate believes I would have made under the circumstances if I were able (or, if my wishes are unknown, in my best interest); apply for public benefits (including Medicare and Medicaid) for me and access my financial information to the extent needed for that application or to fund my care; authorize my admission to, transfer to, or discharge from any health care facility; and authorize the release of my health information to appropriate persons to ensure continuity of care. My surrogate shall honor my Living Will (Part I) and every instruction in this directive.

When authority begins — initial ONE (the statute's own election):

(initial) → my surrogate's authority begins IMMEDIATELY upon my signing, without the necessity of a determination of my incapacity (I keep the right to make my own decisions whenever I am able, and my decision controls over my surrogate's) S.T.S.

(initial) → my surrogate's authority begins ONLY upon a determination that I am incapacitated to make the decision at hand _____

HIPAA access. I designate my surrogate and alternate as my personal representatives under the Health Insurance Portability and Accountability Act (45 C.F.R. s. 164.502(g)), and I authorize every provider and health plan to disclose my complete health information to them, this authorization having no expiration except my written revocation.

Duration; revocation. This designation remains effective until I revoke it by any method s. 765.104, Fla. Stat., permits (a signed writing, a new designation, or an oral expression of intent to revoke), and it is not affected by my later incapacity. A copy is as effective as the original.

Initials _____

Part III — Anatomical Gift Election

part V, ch. 765, Fla. Stat. — optional; initial ONE line, or leave the part blank

(initial) → I elect to donate ANY needed organs and tissues at my death S.T.S.

(initial) → I elect to donate ONLY the organs or tissues I list here: _____

Limited donation list _____

(initial) → I DECLINE to make an anatomical gift by this instrument _____

An election here is a document of gift under Florida's anatomical-gift law. Registering with Donate Life Florida and telling your surrogate remain the practical steps that make the election operate quickly.

EXECUTION — ALL PARTS

Signed on the date below in the presence of two adult witnesses. My surrogate is not a witness. At least one witness is neither my spouse nor a blood relative — the witness rules of ss. 765.202(1) and 765.302(1), Fla. Stat. (If I am physically unable to sign, another adult may sign my name at my direction, in my presence and the witnesses'.) Notarization is not required for validity; the acknowledgment below is included because facilities and registries welcome it.

Date signed July 22, 2026 County where signed Orange

_____

Principal — signature (all Parts)

Principal — print name Samuel T. Sample

_____

Witness 1 — signature

Witness 1 — print name Wendy R. Witnessley Address 12 Attest Ave, Orlando, FL

☐ Witness 1 confirms: I am not the surrogate; I am at least 18.

_____

Witness 2 — signature

Witness 2 — print name Walter Q. Attestor Address 34 Presence Pl, Orlando, FL

☐ Witness 2 confirms: I am neither the principal's spouse nor a blood relative.

NOTARY CERTIFICATE (OPTIONAL FOR VALIDITY — INCLUDED FOR ACCEPTA

STATE OF FLORIDA

COUNTY OF Orange

The foregoing instrument was acknowledged before me, by means of the method indicated below, by the signer(s) named below, who are personally known to me or produced the identification listed.

(•) Physical presence ( ) Online notarization

Name(s) of signer(s) Samuel T. Sample

Identification produced (or 'personally known') FL driver licenses Date July 22, 2026

_____

Signature of Notary Public — State of Florida

Print, type, or stamp commissioned name of Notary Public Nancy O. Notari

My commission expires Feb. 14, 2029

Wallet Notice & Distribution

Cut out the card; place the checklist copies TODAY — this document works only if it is in hands

WALLET CARD (CUT ON THE LINES)

ADVANCE DIRECTIVE ON FILE — I have a Florida Living Will and Health Care Surrogate designation.

My name Samuel T. Sample

Surrogate Sarah A. Sample

Surrogate phone (407) 555-0100

Alternate Serena E. Sample

COPIES DELIVERED

- [ ] My surrogate (complete copy)
- [ ] My alternate surrogate
- [ ] My primary physician — scanned into my chart
- [ ] My preferred hospital (patient-portal upload or medical records)
- [ ] A family member who lives nearby

Plain-English Glossary

The key words in this packet, defined simply.

Living will. Your declaration about life-prolonging procedures in the three statutory conditions.

Health care surrogate. The person you authorize to make health decisions and receive your records.

Terminal condition. A condition from which there is no reasonable medical probability of recovery and which, without treatment, can be expected to cause death.

End-stage condition. An irreversible condition caused by injury, disease, or illness that has resulted in progressively severe and permanent deterioration.

Persistent vegetative state. A permanent, irreversible condition of unconsciousness with no self-awareness and no purposeful interaction.

Life-prolonging procedure. A mechanical or artificial means that sustains, restores, or supplants a spontaneous vital function — not medication or comfort care.

Storage & Copies

Where the original Advance Directive lives — and who holds copies — decides whether it works when it matters. Commonly: the signed original stays with your important papers (a fireproof box or a bank box), and the people below receive complete copies.

COPY CHECKLIST

- ☐ My surrogate
- ☐ My alternate surrogate
- ☐ My primary physician
- ☐ My preferred hospital
- ☐ My family point person

ANNUAL REVIEW

Once a year — or after any major life change (a move, a marriage or divorce, a birth or adoption, a death in the family) — re-read the document and confirm it still says what you want. Note each review here.

Review date _____ Reviewed by _____

Review date _____ Reviewed by _____

Review date _____ Reviewed by _____

ABOUT THIS KIT

Florida Advance Directive

Living will · surrogate designation · HIPAA · anatomical gifts · wallet card

Provenance. This Florida template was assembled by the LegalDraft deterministic template engine. Statutory anchors: §§ 765.202 · 765.203 · 765.302 · 765.303. The platform maintains the underlying statutory text in a hash-pinned corpus captured from official Florida sources and re-verified on a standing schedule.

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