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Annotated Florida Living Will Guide

A user-friendly explanation of the uploaded Living Will form and the Florida rules most relevant to completing it.

Important notice

This educational guide is not a substitute for legal or medical advice. The annotated sample reproduces the supplied form. The form itself should be reviewed for fit with the signer's wishes and circumstances before execution.

PART 1 - ANNOTATED SAMPLE DOCUMENT

Each key field, clause, choice, and signature item is marked with a sequential superscript. Part 2 explains each numbered item in plain language.

LIVING WILL

My Name is: _____¹

My Address is: _____²

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 and³

Initial if applicable:⁴

_____ I have a terminal condition, or⁵

_____ I have an end-stage condition, or⁶

_____ 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,⁷

I direct that life-prolonging procedures be withheld or withdrawn when the application of such procedures would serve only to prolong artificially the process of dying, and that I be permitted to die naturally with only the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 and care or to alleviate pain.⁸

I wish to receive hospice care if diagnosed with a terminal condition. My health care surrogate is authorized to facilitate such care.⁹

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.¹⁰

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:¹¹

_____¹²

Name

_____¹³

Address

Phone Number: _____¹⁴

If the above named person unable to act as my surrogate, I designate¹⁵

16

Name

17

Address

Phone Number: _____
18

I understand the full import of this declaration, and I am emotionally and mentally competent to make this declaration. ¹⁹

WITNESSES: **PRINCIPAL:**

(Signature of Witness #1) _____
Principal Signature 20

(Printed name of Witness #1) _____
Principal Printed Name 21

(Address of Witness #1) 22

(Signature of Witness #2) 23

(Printed Name of Witness #2) 24

(Address of Witness #2) 25

Execution reminder: Under Florida law, a living will must be signed by the principal in the presence of two subscribing witnesses, and one witness may not be the principal's spouse or blood relative. This supplied form does not contain a notary block; notarization is not the basic execution requirement for a Florida living will.

PART 2 - DETAILED LEGAL ENDNOTES & ANNOTATIONS

The annotations below are keyed to the superscripts in Part 1. Florida statutory references are provided for educational context.

#	Section / Field	Plain-language legal explanation
1	Principal's name	Enter the full legal name of the person making the Living Will - the principal. This identifies whose treatment preferences are being expressed.
#	Section / Field	Plain-language legal explanation
2	Principal's address	Enter a current address that helps identify the principal and provides useful contact information.
#	Section / Field	Plain-language legal explanation
3	Voluntary declaration and incapacity trigger	This states that the principal is voluntarily expressing wishes about artificial prolongation of dying if the principal later becomes incapacitated. Florida law allows a competent adult to make this type of declaration. See F.S. 765.302.
#	Section / Field	Plain-language legal explanation
4	Initial-if-applicable instruction	Follow the form's instruction carefully. Initialing shows which triggering conditions the principal intends to cover. Do not mark a condition that does not reflect the principal's wishes.
#	Section / Field	Plain-language legal explanation
5	Terminal condition	This option addresses a terminal condition. The form is designed so the principal can indicate that the Living Will should apply when the statutory medical prerequisites are met.
#	Section / Field	Plain-language legal explanation
6	End-stage condition	This option addresses an end-stage condition. Initial only if the principal wants the declaration to apply in that circumstance.
#	Section / Field	Plain-language legal explanation
7	Persistent vegetative state and physician determinations	This choice addresses a persistent vegetative state and incorporates the form's requirement that the primary physician and another consulting physician determine there is no reasonable medical probability of recovery.
#	Section / Field	Plain-language legal explanation
8	Withholding or withdrawal of life-prolonging procedures	This is the core treatment direction. It expresses the principal's wish to avoid procedures that would only artificially prolong dying while preserving comfort and pain-relief care. The actual decision process is governed by Florida's Life-Prolonging Procedure Act, including F.S. 765.304.
#	Section / Field	Plain-language legal explanation
9	Hospice care preference	The supplied form expressly states a wish to receive hospice care if diagnosed with a terminal condition and authorizes the health care surrogate to facilitate that care. Confirm that this matches the principal's wishes.
#	Section / Field	Plain-language legal explanation
10	Statement of legal intent	This clause emphasizes that the declaration is intended as the principal's final expression of the legal right to refuse medical or surgical treatment and accept the consequences of that refusal.
#	Section / Field	Plain-language legal explanation
11	Designation of surrogate	This section allows the principal to name someone to carry out the declaration when the principal cannot provide express and informed consent. The supplied form can be used alongside broader Florida health care surrogate planning.
#	Section / Field	Plain-language legal explanation
12	Primary surrogate name	Write the full name of the first-choice surrogate. Choose someone likely to be reachable, willing to act, and able to understand and advocate for the principal's wishes.
#	Section / Field	Plain-language legal explanation
13	Primary surrogate address	Provide a current mailing or residential address so the surrogate can be identified and contacted.

#	Section / Field	Plain-language legal explanation
14	Primary surrogate phone	Provide a reliable phone number. An outdated number can delay contact during a medical emergency.
#	Section / Field	Plain-language legal explanation
15	Successor surrogate clause	This clause creates a backup decision-maker if the first named surrogate cannot or will not act.
#	Section / Field	Plain-language legal explanation
16	Successor surrogate name	Enter the full name of the backup surrogate.
#	Section / Field	Plain-language legal explanation
17	Successor surrogate address	Enter current contact-address information for the backup surrogate.
#	Section / Field	Plain-language legal explanation
18	Successor surrogate phone	Enter a reliable phone number for the backup surrogate.
#	Section / Field	Plain-language legal explanation
19	Competency statement	The principal affirms understanding of the declaration and capacity to make it. Florida's statute authorizes a competent adult to make a Living Will. Capacity concerns should be addressed before execution, not after a crisis.
#	Section / Field	Plain-language legal explanation
20	Witness #1 and principal signature	The principal signs the Living Will in the presence of two subscribing witnesses. The witnesses are execution witnesses, not merely people who sign later. See F.S. 765.302.
#	Section / Field	Plain-language legal explanation
21	Witness #1 printed name and principal printed name	Print names clearly so the people involved in execution can be identified. The printed name does not replace the required signature.
#	Section / Field	Plain-language legal explanation
22	Witness #1 address	Provide identifying contact information for the first witness. Keep it legible in case the document must later be authenticated or questions arise.
#	Section / Field	Plain-language legal explanation
23	Witness #2 signature	A second subscribing witness is required. At least one of the two witnesses must be neither the principal's spouse nor a blood relative. See F.S. 765.302.
#	Section / Field	Plain-language legal explanation
24	Witness #2 printed name	Print the second witness's name clearly for identification.
#	Section / Field	Plain-language legal explanation
25	Witness #2 address	Provide current identifying contact information for the second witness.

KEY FLORIDA RULES AND PRACTICAL NUANCES

1. Living Will execution - F.S. 765.302

A competent adult may make a Living Will. The principal must sign in the presence of two subscribing witnesses, and one witness must be neither the principal's spouse nor blood relative. If the principal is physically unable to sign, the statute provides a special method for a witness to subscribe the principal's signature at the principal's direction and in the principal's presence.

2. Notarization and Remote Online Notarization

The basic Florida execution rule for a Living Will is witness-based; the supplied form has no notary or self-proving affidavit. Florida's online notarization law generally permits an authorized Florida online notary to perform authorized notarial acts using compliant audio-video technology, but adding notarization does not replace the Living Will's statutory witness requirements. If a separate notarized form or affidavit is used, confirm its own execution rules.

3. Notice to the physician

Florida law places responsibility on the principal to provide for notice to the primary physician that the Living Will exists. If a person is incapacitated when admitted to a health care facility, another person may notify the physician or facility, and the statute directs the physician or facility to make the Living Will or a copy part of the medical record after notice.

4. When the Living Will may be acted on - F.S. 765.304

Before proceeding under the Living Will, Florida law requires determinations including that the principal does not have a reasonable medical probability of recovering capacity, has a terminal condition, end-stage condition, or persistent vegetative state, and that any stated limitations or conditions have been considered and satisfied.

5. Important distinction: probate rules

A Living Will is an advance health care directive, not a probate instrument. Florida probate concepts such as a Personal Representative, the original Will deposit rule, Summary Administration, Formal Administration, restricted depositories, and remote probate do not govern how this Living Will is completed. Those concepts belong to estate administration and should be explained in a separate guide for a Last Will and Testament or probate administration.

Florida statutory references used in this guide

F.S. 765.302 - Procedure for making a Living Will; notice to physician. F.S. 765.303 - Suggested form of a Living Will. F.S. 765.304 - Procedure for Living Will. F.S. 117.209 - Authority to perform online notarizations.

Educational material prepared for Florida Probate Law Group. Verify current law and the suitability of any form before use.

LIVING WILL

My Name is:

My Address is:

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 if applicable:

_____ 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 and care or to alleviate pain.

I wish to receive hospice care if diagnosed with a terminal condition. My health care surrogate is authorized to facilitate such care.

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

Address

Phone Number:

If the above named person unable to act as my surrogate, I designate

Name

Address

Phone Number:

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

WITNESSES:

PRINCIPAL:

(Signature of Witness #1)

Principal Signature

(Printed name of Witness #1)

Principal Printed Name

(Address of Witness #1)

(Signature of Witness #2)

(Printed Name of Witness #2)

(Address of Witness #2)