

Washington, D.C. Advance Directive Checklist

Before You Begin:

- Identify someone you trust as your Health Care Agent
- Discuss your medical values and wishes with them
- Download or print the D.C. Advance Directive form

Part 1: Durable Power of Attorney for Health Care

- Fill in your full name, address, and date of birth
- Name your primary Health Care Agent
- Provide their phone and email
- Name an alternate agent (optional)
- Add any limits to their authority (optional)

Part 2: Declaration of Advance Instructions (Living Will)

Choose and check your preferences for:

- Life-sustaining treatments
- CPR / Do-Not-Resuscitate
- Mechanical ventilation
- Feeding tube and IV fluids
- Pain management/comfort care
- Organ donation
- Spiritual or cultural wishes (optional)

Part 3: Signatures

- You sign and date the form
- Two witnesses sign (not your agent or caregivers)

Part 4: Store and Share

- Give a copy to your Health Care Agent
- Give copies to family members
- Upload to your medical portal if available
- Keep one accessible at home
- Review every 1-2 years

You're done! Your wishes are now protected.