

Pledge to stay in touch

Living will for the missing

I, _____, being of sound mind, make this statement as a directive to be followed if I become a missing person.

- ♦ I realize my moral obligation to my family and the impact my absence will have upon their lives. It is not plan at any point in time to fall out of reasonable contact.
- ♦ I realize that there are thousands of missing persons in the USA and swift action is the best way to prevent.
- ♦ I realize that privacy issues, created to protect individuals, can sometimes stand in the way of the location of a valid missing persons case.

If I am absent from my normal routine in responsibilities of life, it is my wish that immediate action be taken to retrieve and return me to my loved ones.

I have provided fingerprint and DNA sample for such action should it ever become necessary. I have also filled out a form with current photo (*found on page 3 of this document*) that includes my physical description, true to the best of my ability, to be used in the event I should become a missing person.

I HEREBY APPOINT THE FOLLOWING AS MY GUARDIAN OF THIS INFORMATION:

Name:

Address:

Phone Number:

I attest the above mentioned is my representative and witness to the guidelines I have expressed in this document. I direct my agent to act in accordance with my wishes and instructions as stated above or as otherwise known to him or her. I also direct my agent to abide by any limitations on his or her authority as stated above or as otherwise known to him or her.

In the event my primary representative is unable, unwilling, or unavailable to serve as such, then I appoint as my substitute representative (with the same powers that I have heretofore enumerated).

Name:

Address:

Phone Number:

I understand that unless I revoke it, this directive will remain in effect indefinitely.

These directions express my legal right to refuse treatment, under current laws. Unless I have revoked this instrument or otherwise clearly and explicitly indicated that I have changed my mind, it is my unequivocal intent that my instructions as set forth in this document be faithfully carried out.

Signature:

Address:

Date:

Statement By Witnesses (Must Be 18 or Older)

I declare that the person who signed this document is personally known to me and appears to be of sound mind and acting of his or her own free will . He or she signed this document in my presence.

Witness:

Address:

Witness:

Address:

Attach
most recent
photo
here

The above photo along with physical description below is current as of _____/_____/_____

Date of Birth:

Sex:

Race:

Height:

Weight:

Hair Color:

Eye Color:

Known Birth Defects (skeletal and/or organ):

Moles/Birthmarks:

Scars:

Tattoos:

Piercings:

Dental prothetics, implants or extractions:

Previous Surgeries:

Other known medical conditions:

Physician/Surgeon (name and location) who would have most recent medical history:

Dentist (name and location) who would have most recent dental records: