
Date:

Signature:

Name:

I confirm that the instructions within this card are accurate and reflect my wishes and stance on blood transfusions.

I ACCEPT BLOOD TRANSFUSIONS



IMPORTANT MEDICAL INSTRUCTIONS INSIDE

I am a former member of Jehovah's Witnesses.

Because of this, members of my family and/or officials from the Watchtower Bible and Tract Society's Hospital Liaison Committee may seek to compel you to forgo administering needed medical treatment.

I request that you ignore these requests as they are nonenforceable, and do not reflect my view on certain medical procedures, such as blood transfusions or operations during which the need for blood may apply.

I ask that, if needed, you administer blood:

[] **DISCREETLY:** Please take any needed measures to preserve my life in such a way as to not indicate that I have received a blood transfusion, so as not to compromise my position among my family, or among Jehovah's Witnesses. If discretion is not possible, please continue to take any necessary measures to preserve my life.

[] **OPENLY:** I have openly rejected the teachings of Jehovah's Witnesses, and no longer align myself with their stance on blood. Please take any measures needed to preserve my life, regardless of whether or not it is done discreetly.