Dardaaranka Caafimaadka

Health Care Directives

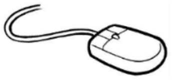
Waa maxay Dardaaranka Caafimaadka?

Dardaaranka Caafimaadka waxa uu kuu ogolaanaya in aad ka tagto dardaaran caafimaad oo aad magacowdo "Wakiilkaaga Caafimaadka." Wakiilka Caafimaadka waa qofka aad u dooratay in uu kuu gaaro go'aanada la xiriira caafimaadka marka ay dhakhtarkaaga u cadaato in aadan go'aan isu gaari karin.

Waxa aad magacaabi kartaa qof wakiil ah adiga oo aan uga tagin wax talo siin ah AMA waxa aad uga tagi kartaa dardaaran aad ku fareyso waxa uu yeelayo haddii aadan go'aan isu gaari karin. Ama waa aad sameyn kartaa labadaba. Adiga ayaa dooranaya.

Waxaa jira Foomka Dardaaranka Caafimaadka oo halkan ku lifaaqan.

Ama, sameyn kartaa DardaarankaCaafimaad barta internetka ee:
www.lawhelpmn.org/forms.



→ Waxa aad raadisaa "Dardaaranka Caafimaadka Iyo Awooda Sharciga Ah"
→ Guji "Dardaaranka Caafimaadka (Health Care Directive)"

Tani waa wareysi talaabo talaabo ah oo kuu ogolaanaya in aad daabacdo foomka oo dhan marka aad buuxiso.

Waa maxay waxyaabaha ay waajibka tahay in ay ka mid noqdaan Dardaaranka Caafimaadka?

- Waa inuu noqdaa mid qoraal ah.
- Waa in ay taariikhda ku qoran tahay laguna cadeeyaa magacaaga.

- Waa in lagu hor saxiixaa nootaayada **AMA** ay laba qof goobjoog ka noqdaan. Qofka wakiilka kuu ah ama lagu bedelayo wakiilka ma noqon karo goobjooge ama nootaayada.

- Waa in lagu magacaabaa qof go'aan kuu gaara (wakiilka dardaaranka caafimaadka) ama aad siisaa tilmaamaha caafimaadka ee uu raacayo.

Yaa noqon kara wakiilka caafimaadka?

Qof aad wakiilka ka dhiganeyso waa in ay da'diidu ka weyn tahay 18 sano. Dooro qof aad si wanaagsan u garaneyso oo raacaya sida aad ka dardaaranato, dantaada u taagan oo dhakhtarkaagu heli karo markii uu doodno. Qof kasta ayaa kuu noqon kara wakiil marka laga reebo dhakhtarkaaga ama shaqaalaha caafimaadka ee daryeelka kuu fidinaya, **haddii uusan** qaraabo kuula aheyn kula dhashay, xiriir guur idinka dhaxeeyo, isu dhaxdaan ama aad korsatay.

Waxa kale oo aad ku sheegi kartaa dardaaranka caaafimaadka sababta aad u dooratay qofkaas.

Waa muhim in aad kala hadasho qofka aad ka dhiganeyso wakiilka haddii ay doonayaan in ay caafimaadkaaga go'aan kaaga gaaraan marka ay muhim noqoto sidaas. Waxaa kale oo lagaa doonayaa in aan gudbiso waxyaabaha aad dooneyso in laga yeelo caafimaadkaaga.

Wax ka badan hal qof ma u wakiilan karaa caafimaadkeyga?

Waxa aad magacaabi kartaa hal qof ama ka badan ama qof bedeli kara wakiilka. Haddii aad sidaas yeesho, waxa aad ku cadeyn kartaa haddii ay waajib tahay in kuligeen go'aanka wada gaaraan ama go'aanka u gaaraan si keli keli ah.

Waa Maxay Awoodda Uu Leeyahay Qofka Aan Wakiilka Uga Dhiganayo Daryeelka Caafimaadka?

Haddii aadan adigu xadidin awoodda wakiilka, waxa uu wakiilku:

1. Ogolaan karaa, diidi karaa ama joojin karaa dhamaan waxyaabaha la xiriira daawada iyo daaweynta. Taas waxaa ka mid ah daaweynta la xiriirta cudurada dhimirka.

2. Joojin karaa ama hor istaagi karaa in lagugu xiro qalabka dadka nolosha ku haya.

3. Kuu doori karaa dhakhtarkaaga.

4. Kuu doori karaa halka lagugu daaweynayo.

5. Go'aan ka gaari kara in lagugu daaweeyo meel ku dhow guriga, ama guryaha dadka naf ka dhawrka ah, ama guryaha leh kalkaaliyayaasha caafimaadka.

6. Eego diiwaanada caafimaadka iyo xuquuq la mid ah midda aad u leedahay in aad dadka kale u ogolaato in ay arkaan diiwaanada caafimaadka.

7. Ku soo booqdo marka lagu dhigo goob caafimaad.

Haddii aad dooneyso in aad xadiddo qaarka mid ah awoodahaas, waa in aad ku cadeysaa dardaaranka.

Ma Jiraan Waxyaabo Kale Oo Aan U Ogolaan Karo Wakiilkeyga?

Haa. Waxa aad u ogolaan karta wakiilkaag waxyaabo kale haddii aad ku cadeyso Dardaaranka Caafimaadka.

1. Inuu go'aan ka gaari karo haddii aad dooneyso in aad bixiso qaarka mid ah xubanaha jirkaaga sida xubnaha, dheecaanka iyo indhaha marka aad geeriyooto.

2. Tilmaan sida aad dooneyso in laga yeelo jirkaaga ka dib marka aad geeriyooto (in lagubo, aaso).

3. Waxa kale oo aad wakiilkaaga u ogolaan kartaa in uu go'aan ka gaaro caafimaadkaaga haddii aad xitaa weli go'aan isu gaari karto (miyir qabto).

Goorma Ayaa Wakiilka Dardaaranka Caafimaadku Bilaabayaa Inuu Go'aan Ii Gaaro?

Wakiilku waxa uu bilaabayaa inuu go'aan kuu gaaro marka:

- Dakhtaraakgu uu caddeeyo in adan go'aan isu gaari karin.
- Marka Dardaraanka Caafimaadka ku cadahay marka uu bilaabayo.

Waa maxay shaqada Wakiilka Dardaaranka Caafimaadka?

Wakiilka caafimaadka waxa uu go'aanka u gaarayaa ***sidii aad aadigu u gaari laheyd.*** Waa ay xaqiijiyaan in la raacay Dardaaranka Caafimaadka oo ay sharciga la tiigsadaan haddii aan la raacin.

Ma ka noqon karaa Dardaaranka Caafimaadka?

Haa. Waad ka noqon kartaa isaga oo dhan ama qeyb ahaan Dardaaranka adiga oo:

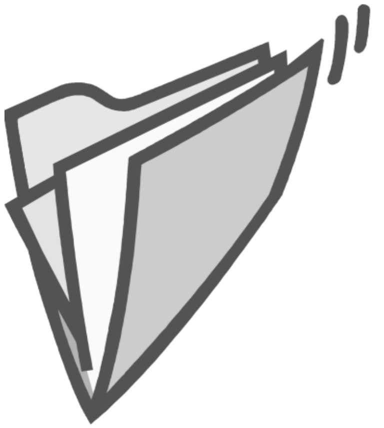
- Jeexjeexa qoraalka asliga ah.
- Qof kale in aad farto inuu jeexjeexo, oo ay ka mid yihiin nuqulka laga sameeyey.
- In aad soo saarto qoraal aad ku qorto taariikhda oo aad ku cadeyso in aad dooneyso in aad ka noqoto Dardaaranka oo dhan ama qeyb ka mid ah. Haddii aad ka noqoneyso qeyb ka mid ah, caddee qeybta Dardaaranka ah oo aad dooneyso in aad ka noqoto.

- In aad afka ka sheegto adiga oo laba qof oo goobjoog ah wargelinaya in aad dooneyso in aad ka noqoto. Ma aha in ay isku mar ka dhigaan.
- Waxa aad qori kartaa Dardaaran Caafimaad.

Xagee ayaan ku heynayaa Dardaaranka Caafimaadka?

Meel la dhig aqoonsiyadaada kale ee muhimka ah oo dadka kale ay ka heli karaan, ha ku xirin sanduuq xiran. Sii nuqul aad saxiixday dhakhaatiirta, qoyska, saxiibada kuu dhow, cidda aad wakiilka ka dhiganeyso, iyo qofka bedelaya wakiilka haddii loo baahdo. Codso in lagu daro diiwankaaga caafimaadka ee dhakhtarka iyo cisbitaalka, hay'adaha daryeelka, guryaha dadka naf ka dhawrka ah lagu hayo, ama guryaha dadka wayeelka ah.

“Dardaaranka caadiga ah” ee aan qoro ama “wakiilashada caafimaadku” ma yihiin kuwo shaqeynaya?



Waa laga yaabaa. Waa kuwo dhaqangal ah haddii:

- Ay dhan yihiin dhamaan qodobada laga doonayo Dardaaranka Caafimaadka (kor ku xusan)

- Lagu saxiixay gobol kale oo ay waafaqsan yihiin sharciyada u degsan gobolkaas.

Xog Urursan oo ku saabsan macluumaadka sharciga MA AHA talo xagga sharciga. La tasho qareen. *Ha isticmaalaan xogtan urursan haddi ay 1 sano ka soo wareegtay xilligii la daabacay. Weydiiso xogtii ugu dambeysay, liiska xogta urursan, ama aad ku hesho habab kale.*

© 2023 Minnesota Legal Services Coalition. Qoraalkan waa la sii badin karaa waxaana loo adeegsan karaa oo kaliya hab shaqsi ah iyo waxbarasho kaliya. Xuquuqda kale waa mid la dhawray. Ogeysiiskan waa inuu la socdaa nuqul kasta oo la sii daabaco. Dib u daabicidda, sii qeybinta, iyo in loo isticmaalo hab ganacsi ah waa mid si adag loo mamnuucay.

Minnesota Health Care Directive

(Dardaaranka Caafimaadka ee Minnesota)

I, ____, understand this document allows me to do **ONE OR BOTH** of the following:

Aniga oo ah __________________________________. waxa aan fahamsanahay in qoraalkan ii ogolaanayo MID, AMA LABA ka mid ah qodobada soo socda

1. (Part 1 of form): Name another person (called the health care agent) to make health care decisions for me if I am unable to decide or speak for myself. My health care agent must make health care decisions for me based on the instructions I provide (if any) in part 2 of this document, the wishes I have made known to him or them, or must act in my best interest if I have not made my health care wishes known.

Qeybta 1 ee Foomka
Magacoow qof kale (oo lagu magacaabo wakiilka dardaaranka caafimaadka) inuu ii gaaro go'aanka caafimaadka haddii aanan awoodin in aan go'aan u gaaro naftayda ama aan la hadlo Wakiilkeyga caafimaadka waa inuu ii gaaraa g'aanada taasoo ku saleysan sida aan anigu kaga codsaday (haddii ay jirto) mid ka mid ah labadan qoraal, waxyaabaha aan wargeliyey sida aan u doonayo, ama ay waajibka ku tahay in uu fuliyo sida ugu wanaagsan ee daryeelka caafimaadkeygu ku jiro ee aan wargeliyey

AND/ OR (*AMA)*

2. (Part 2 of form): Give health care instructions to guide others making health care decisions for me. If I have named a health care agent, these instructions are to be used by the agent. These instructions may also be used by my health care providers, others helping with my health care and my family, in the event I can't make decisions for myself.

Qeybta 2 ee Foomka
Tilmaamaha aan uga tagayo dadka kale ee ii gaaraya go'aanka caafimaadka.
Haddii aan magacaabay wakiilka dardaaranka caafimaadka, waa inuu raacaa tilmaamahan.
Waxaa kaleoo tilmaamahan adeegsan kara dhakhtarkayga, shaqaalaha caafimaadka ee i caawinaya iyo qoyskayga, haddii aan xaalad aanan naftayda go'aan u gaari karin.

PART (1). Naming a Health Care Agent

(Qeybta (1)

Magacaabidda Wakiilka Dardaaranka Caafimaadka*)*

This is who I want to make health care decisions for me if I am unable to decide or speak for myself.

Qofkan waa qofka aan doonayo inuu ii gaaro go'aanka caafimaadka haddii aan go'aan isu gaari karin ama aanan hadli karin.

- I can change my agent or alternate agent at any time.
  Waxa aan bedeli kartaa wakiilka ama qofka bedelaya markii aan doono
- I do not have to appoint an agent or an alternate agent.
  Waajib iguma aha in aan magacaabo wakiil ama qof bedeli kara

NOTE: If you appoint an agent, talk about this health care directive with them, and give them a copy. If you don't want to appoint an agent, leave Part 1 blank and go to Part 2.

FIIRO GAAR AH:

Haddii aad magacowdo wakiil, kala hadal dardaaranka caafimaadka oo sii nuqul ka mid ah

Haddii aadan dooneyn in aad magacowdo wakiilka, ha buuxin Qeybta 1 iyo Qeybta 2

Appointment of Health Care Agent *(Translation)*

When I am unable to decide or speak for myself, I trust and appoint:

Magacaabidda Wakiilka caafimaadka

Marka aanan awoodin in aan go'aan isu gaaro ama hadli karo, waxa aan aaminsanahay oo aan magacaabayaa:

____

to make health care decisions for me. This person is called my health care agent.

qofkan waxaa lagu magacaabaa wakiilkayga caafimaadka

Relationship of my health care agent to me: ______________________

Xiriirka naga dhaxeeya wakiilkeyga caafimaadka:

Telephone number of my health care agent: ______________________

Telefoonka wakiilkeyga caafimaadka:

Address of my health care agent: ______________________

Cinwaanka wakiilkeyga caafimaadka:

____

(Optional) Appointment Of Alternate Health Care Agent ***((Khasab ma aha) Magaacabidda Qof Bedeli Kara Wakiilka Caafimaadka)***

If my health care agent is not reasonably available, I trust and appoint:

Haddii aanu joohin wakiilkeyga caafimaadka waxa aan aaminsanahay oo aan magacaabayaa:

____

to be my health care agent instead. This person is called my alternate health care agent.

Inuu noqdo qofka bedelaya wakiilkeyga caafimaadka. Qofkan waxaa lagu magacaa qofka bedeli kara wakiilkayga caafimaadka.

Relationship of my alternate health care agent to me: ______________________

Xiriirka naga dhaxeeya qofka bedeli kara wakiilkayga caafimaadka.

Telephone number of my alternate health care agent: ______________________

Telefoonka qofka bedeli kara wakiilkayga caafimaadka.

Address of my alternate health care agent: ______________________

Cinwaanka qofka bedeli kara wakiilkayga caafimaadka.

____

This is what I want my health care agent to be able to do if I am unable to decide or speak for myself

(Halkan waxa aan ku soo gudbinayaa waxyaabaha aan doonayo inuu qabto wakiilkayga haddii aanan go'aan isu gaari karin ama aanan hadli karin.)

- I know I can change these choices.

  Waxa aan fahamsanahay in aan wax ka bedeli karo doorashadeydan
- My health care agent is **automatically** given the powers listed below in (A) through (D). But I can limit these powers if I want to.

  Wakiilkayga caafimaadka waxaa ***si toos*** *u leeyahay awoodaha ku xusan qodobada (A) iyo (D). Laakiin waan xadidi karaa awoodahaas haddii aan doono.*
- My health care agent must follow my health care instructions in this document or any other instructions I have given to my agent.

  Wakiilkayga dardaaranka caafimaadka waa inuu raacaa tilmaamaha aan siiyey ee caafimaadkeyga ee ku xusan qoraalkan
- If I have not given health care instructions, then my agent must act in my best interest.

  Haddii aanan siin talo, waa in wakiilku raacaa sida ugu wanaagsan ee ay dantaydu ku jirto

If I am unable to decide or speak for myself, my health care agent has the power to:

Haddii aanan go'aan isu gaari karin ama aanan hadli karin, wakiilkaygu waxa uu leeyahay awoodaha soo socda:

(A) Make any health care decision for me. This includes the power to give, refuse, or withdraw consent to any care, treatment, service, or procedures. This includes deciding whether to stop or not start health care that is keeping me or might keep me alive, and deciding about intrusive mental health treatment.

Inuu aniga go'aan ii gaari karo. Taasoo ay ka mid tahay inuu joojin karo ama hor istaagi karo nooc kasta oo daaweyn, adeeg, ama qaliin ah. Taas waxaa ka mid ah inuu jojin karo ama hor istaagi karo in in lagu hayo ama la igu xiro qalabka dadka nolosha ku haya, iyo inuu go'aan ka gaaro daaweynta la xiriirta cudurada dhimirka.

(B) Choose my health care providers.

Kuu doori karaa dhakhtarkaaga.

(C) Choose where I live and receive care and support when those choices relate to my health care needs.

Inuu ii dooro halka aan ku noolaanaayo oo uu taageero marka ay taasi la xiriirto baahideyda caafimaadka.

(D) Review my medical records and have the same rights that I would have to give my medical records to other people.

Eego diiwaanada caafimaadka iyo xuquuq la mid ah midda aad u leedahay in aad dadka kale u ogolaato in ay arkaan diiwaanada caafimaadka..

If I DO NOT want my health care agent to have a power listed above in (A) through (D) OR if I want to LIMIT any power in (A) through (D), I MUST say that here:

HADDII AANAN dooneyn in wakiilkeyga uusan yeelan awoodaha kor ku xusan ee (A) ilaa (D) AMA haddii aan doono in aan xadido awoodaha (A) ilaa (D) , waa in aan halkan ku caddeeyaa:

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My health care agent is NOT automatically given the powers listed below in (1) and (2).

Wakiilkayga caafimaadka SI toos looma siin liiska karo hoos ku xusan ee (1) iyo (2).

If I WANT my agent to have any of the powers in (1) and (2), I must INITIAL the line in front of the power; then my agent WILL HAVE that power.

Haddii aan DOONAYO in wakiilkayga uu yeesho mid ka mid ah awoodaha (1) iyo (2), waxaa waajib igu ah in ku saxiixo xarfaha ugu horeeya MAGACAYGA IYO KAN AWOOWAHAY xagga hore ee awoodda aan u ogolaaday, ka dib ayaa wakiilkaygu YEELANAYAA awoodaas.

_______ (1) To decide whether to donate any parts of my body, including organs, tissues, and eyes, when I die.

(1) In uu go'aan ka gaarto waxa laga yeelayo jirkeyga, oo ay ka mid yihiin xubnaha jirkaaga, dheecaanka, iyo indhaha marka aan geeriyoodo.

_______ (2) To decide what will happen with my body when I die (burial, cremation).

In uu go'aan lagaaro sida laga yeelayo jirkeyga marka aan geeriyoodo (la xabaalo ama la gubo).

If I want to say anything more about my health care agent's powers or limits on the powers, I can say it here:

Haddii aan doonayo in aan ka bixiyo tilmaamo dheeraad ah ee awoodda wakiilka dardaaranka caafimaadka ama xadidaadda awoodaha, waa halka aan ku sheegi karo:

____

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PART 2: Health Care Instructions

Qeyybta 2

Tilmaamaha Dardaaranka Caafimaadka

These are instructions for my health care when I am unable to decide or speak for myself.

(Halkan waxa aan ku soo gudbinayaa waxyaabaha aan doonayo inuu qabto wakiilkayga haddii aanan go'aan isu gaari karin ama aanan hadli karin.)

- These instructions must be followed (so long as they address my needs).

  .Waa waajib in la raaco tilmaamaha (inta ay wax ka qabanayaan baahida)

NOTE: Complete this Part 2 if you wish to give health care instructions. If you appointed an agent in Part 1, completing Part 2 is optional but would be very helpful to your agent. However, if you chose not to appoint an agent in Part 1, you MUST complete some or all of Part 2 if you wish to make a valid health care directive.

FIIRO GAAR AH:

Buuxi foomkan Qeybta 2 haddii aad dooneyso in aad tilmaamo la xiriira caafimaadka aad ka tagto. Haddii aad ku magacowdo wakiil Qeybta 1, buuxinta qeybta 2 ma aha waajib laakiin waa mid caawineysa wakiilkaaga.

Hase yeeshee, haddii aad doorato in aadan wakiil ku magacaabin Qeybta 1, waa WAAJIB in aad dhameystirto qeyb ama dhamaan Qeybta 2 haddii aad dooneyso in aad ka tagto dardaaran dhaqangal ah oo la xiriira caafimaadkaaga.

These Are My Beliefs and Values About My Health Care

.Taasi waa diinta iyo caqiidada aan aaminsanahay ee ku saabsan daryeelka caafimaadkayga.

- I know I can change these choices or leave any of them blank.

  Waxa aan ogsoonahay in aan doorashadeyda bedeli karo ama aanan buuuxin karo haddii aan doono.

I want you to know these things about me to help you make decisions about my health care:

Waxa aan doonayaa in aad ogaato waxyaabahan si ay kaaga caawiyaan in aad go'aan uga gaarto daryeelka caafimaadkeyga:.

My goals for my health care

Ujeedooyinka daryeelekayga caafimaadka:.

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My fears about my health care

Cabsida aan ka qabo daryeelkayga caafimaadka.

My spiritual or religious beliefs and traditions

Waxyaabaha aan aaminsanahay diin ahaan ama dhaqan ahaan.

My beliefs about when life would be no longer worth living

Waxyaabaha aan nolosha ka aamisanahay nolosha marba haddii aanay noloshu micne laheyn. .

My thoughts about how my medical condition might affect my family

Waxyaabaha aan ka aamisanahay xaaladeyda caafimaadka ee saameynta ku yeelaneysa qoyska:.

This Is What I Want and Do Not Want for My Health Care

(*Taas weeye waxa aan doonayo ama aanan dooneyn ee la xiriira daryeelka caafimaadkeyga)*

- I know I can change these choices or leave any of them blank.

  Waxa aan ogsoonahay in aan doorashadeyda bedeli karo ama aanan buuuxin haddii aan

  doodno:.

Many medical treatments may be used to try to improve my medical condition or to prolong my life. Examples include artificial breathing by a machine connected to a tube in the lungs, artificial feeding or fluids through tubes, attempts to start a stopped heart, surgeries, dialysis, antibiotics, and blood transfusions. Most medical treatments can be tried for a while and then stopped if they do not help.

Qaar ka mid ah daaweynta waxaa loo adeegsanayaa si loo horumariyo xaaladeyda caafimaadka ama lagu sii dheereeyo nolosheyda.
Tusaalayaasha waxaa ka mid ah qalabka lagu neefsado ee tubada loogu xiro sambabada, tubada dadka lagu quudiyo, ama kuwa dheecaanka qaada, isku dayga in la dhaqaajiyo wadnaha oo istaagay, qaliinka, nadiifinta kelyaha, difaaca jirka iyo dhiiga dadka lagu shubo.
Daaweynta qaarkeed waa mid muddo soconeysa oo la joojiyo haddii aanay caawin bukaanka.

I have these views about my health care in these situations:

Waxyaabaha soo socda ayaan ka aaminsanahay daryeelka caafimaadkeyga ee xaaladdan:.

(Note: You can discuss general feelings, specific treatments, or leave any of them blank.)

Fiiro Gaar Ah:Waxa aad ka heli kartaa dareenka guud, daaweyn gaarka ah, ama waad ka tagi adiga oo aan buuxin:.

If I had a reasonable chance of recovery, and were temporarily unable to decide or speak for myself, I would want:

Haddii ay jirto fursad aan kaga soo kabto, oo si ku meel gaar ah aanan go'aan u gaari karin ama aanan isu hadli karin, waxa aan jeclaan lahaa: .

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If I were dying and unable to decide or speak for myself, I would want:

Haddii aan dhimanayo oo aanan go'aan isu gaari karin ama aanan isu hadli karin, waxa aan jeclaan lahaa: .

____

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If I were permanently unconscious and unable to decide or speak for myself, I would want:

Haddii aan miyir doorsoomay si joogta ah oo aanan awood u lahayn in aan isu hadlo , waxa aan jeclaan lahaa: .

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If I were completely dependent on others for my care and unable to decide or speak for myself, I would want:

Haddii aanan waxba isu qaban karin oo aanan go'aan isu gaari karin ama aanan isu hadli karin, waxa aan jeclaan lahaa:

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In all circumstances, my doctors will try to keep me comfortable and reduce my pain. This is how I feel about pain relief if it would affect my alertness or if it could shorten my life:

Xaaladaha oo dhan, dhakhaatiirteydu waxa ay isku dayayaan in ay xanuunka iga yareeyaan. Sidan weeye sida aan ka dareensanahay xanuunka haddii uu dhibaato u geysanayo la socoshada xaaladeysa ama uu soo gaabinayo nolosheyda

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There are other things that I want or do not want for my health care, if possible:

Waxaa jira waxyaabo kale oo aan ka doonayo ama aanan dooneyn ee la xiriira daryeelka caafimaadkeyga, haddii ay suurogal tahay:

Who I would like my doctor to be:

Qofka aan doonayo inuu dhakhtar ii noqdo

____

____

____

Where I would like to live to receive health care:

Halka aan doonayo in aan ku noolaado si aan u helo daryeel caafimaad:

Where I would like to die and other wishes I have about dying:

Xagee ayaan ku dhimanayaa iyo waxyaabaha kale ee la xiriira geerida:

My wishes about donating parts of my body when I die:

Sida aan doonayo in laga yeeloxubnaha jirkeygamarka aan geeriyoodo:

My wishes about what happens to my body when I die (cremation, burial):

Sida laga yeelayo jirkeyga marka aan geeriyoodo (la gubo, la xabaalo):

Any other things:

Waaxyaabaha kale:

PART 3: Making the Document Legal

Qeybta 3

Sharciyeynta Qoraalka

This document must be signed by me. It also must either be verified by:

Qoraalka waa in aan angu saxiixaa
Waa in uu mid uun xaqiijiyaa::

1) a notary public (Option 1 below) *(Nootaayada (Doorashada 1 ee hoose)*
   OR *AMA)*
2) witnessed by two witnesses (Option 2 below) *(Translation)*

It must be dated when it is verified or witnessed.

Waa in ay laba qof goob joog ka noqdaan (Doorashada 2 ee hoose)
Waa in taariikhda lagu qoraa oo ay xaqiijiyaan dad goob joogayaal ah:

I am thinking clearly, I agree with everything that is written in this document, and I have made this document willingly.

Si cad ayaan u fikirayaa, waxa aan ku raacsanahay wax kasta oo ku qoran qoraalkan, aniga oo qoray qoraalkan iyada oo aan anigu sidaas doortay:

____

(my signature) (Saxiixayga)

Date signed: ______________________________
Taariikhda la saxiixay:

Date of birth: ______________________________
Taariikhda dhalashada:

My address (*Cinwaankayga)*:

____

If I cannot sign my name, I can ask someone to sign this document for me.

Ma saxiixi karo magacayga, Qofkale ayaan weydiisanayaa inuu ii saxiixo qoraalkan

____

(Signature of the person who I asked to sign this document for me)
(Saxiixa qofka aan weydiistay inuu ii saxiixo qoraalkan)

____

(Printed name of the person who I asked to sign this document for me)
(Saxiixa qofka aan weydiistay inuu ii saxiixo qoraalkan)

Option 1: Notary Public

Doorashada 1

Nootaayada Dadweynaha

In my presence on ____________________ ____

(Waxaa i hor yimid:) *(date)* *((Taariikh):)* *(name)* *((magac))*

acknowledged his/her signature on this document or acknowledged that he/she authorized the person signing this document to sign on his/her behalf. I am not named as a health care agent or alternate health care agent in this document.

Isaga/iyada oo hortayda ku saxiixay qoraalkan ama uu qiray inuu yahay qof loo wakiishay inuu saxiixi karo isaga oo wakiil ka ah. Aniga la iima magacaabin wakiil caafimaad ama qof bedeli kara wakiilka caafimaadka qoraalkan .

____

(Signature of Notary) (Saxiixa Nootaayada)

(Notary Stamp) (Shaabadda Nootaayada)

Option 2: Two Witnesses

(Qeybta 2
Laba Goobjoogayaal)

Two witnesses must sign. Only one of the two witnesses can be a health care provider or an employee of a health care provider giving direct care to me on the day I sign this document.

(Labada goobjooge waa in ay saxiixaan. Mid ka mid ah oo kaliya ayaa noqon kara daryeele caafimaad ama shaqaalaha daryeelka caafimaadka maalinta la saxiixayo qoraalka.)

Witness One *(Goobjoogaha 1)* **:**

1. In my presence on ________________ ____________________________
(date) *(Waxaa i hor yimid (taariikh):)* *(name)* *(magac)*
acknowledged his/her signature on this document or acknowledged that he/she authorized the person signing this document to sign on his/her behalf.
Isaga/iyada oo hortayda ku saxiixay qoraalkan ama uu qiray inuu yahay qof loo wakiishay inuu saxiixi karo isaga oo wakiil ka ah. Kuma aanan magacaabin wakiil caafimaad ama qof bedeli kara wakiilka caafimaadka qoraalkan .

2. I am at least 18 years of age
Ugu yaraan da'deedu waa 18 sano jir

3. I am not named as a health care agent or alternate health care agent in this document.
Aniga la iima magacaabin wakiil caafimaad ama qof bedeli kara wakiilka caafimaadka qoraalkan .

4 If I am a health care provider or an employee of a health care provider giving direct care to the person listed above, I must initial this box: ________
Haddii aan ahay dhakhtar ama shaqaalaha daryeelka caafimaadka oo daryeel toos ah u fidinaya qofka kor ku xusan, waa in aan xarfaha ugu horeeya ku qoraa halkan.

I certify that the information in 1 through 4 is true and correct.
Waxa aan cadeynayaa in macluumadaka ku xusan 1 ilaa 4 uu yahay mud rub ah ama sax ah

____
(Signature of Witness One) *(Saxiixa goobjoogaha koowaad)*

(Address of Witness One) *(Cinwaanka goobjoogaha koowaad)*

____

____

Witness Two ***(Goobjoogaha Labaad)*****:**

1. In my presence on ________________ ______________________________

(date) *(Waxaa i hor yimid (taariikh):)* *(name)* *magac*

acknowledged his/her signature on this document or acknowledged that he/she authorized the person signing this document to sign on his/her behalf.

Isaga/iyada oo hortayda ku saxiixay qoraalkan ama uu qiray inuu yahay qof loo wakiishay inuu saxiixi karo isaga oo wakiil ka ah. Kuma aanan magacaabin wakiil caafimaad ama qof bedeli kara wakiilka caafimaadka qoraalkan .

2. I am at least 18 years of age

Ugu yaraan da'daadu waa 18 sano jir

3. I am not named as a health care agent or alternate health care agent in this document.

Aniga la iima magacaabin wakiil caafimaad ama qof bedeli kara wakiilka caafimaadka qoraalkan .

4. If I am a health care provider or an employee of a health care provider giving direct care to the person listed above, I must initial this box: ☐

Haddii aan ahay dhakhtar ama shaqaalaha daryeelka caafimaadka oo daryeel toos ah u fidinaya qofka kor ku xusan, waa in aan xarfaha ugu horeeya ku qoraa halkan.

I certify that the information in 1 through 4 is true and correct.

Waxa aan cadeynayaa in macluumadaka ku xusan 1 ilaa 4 uu yahay mud run ah ama sax ah

____

(Signature of Witness Two) *(Saxiixa goobjoogaha labaad)*

(Address of Witness One) (Cinwaanka goobjoogaha labaad)

____

____

REMINDER ***(Xusuusin)*:**

- Keep this document with your personal papers in a safe place (not in a safe deposit box).

  Meel la dhig aqoonsiyadaada kale ee muhimka ah oo dadka kale ay ka heli karaan, ha ku xirin sanduuq xiran.

- Give signed copies to your doctors, family, close friends, health care agent, and alternate health care agent.

  Sii nuqul aad saxiixday dhakhaatiirta, qoyska, saxiibada kuu dhow, cidda aad wakiilka ka dhiganeyso, iyo qofka bedelaya wakiilka haddii loo baahdo.
- Make sure your doctor is willing to follow your wishes.

  Xaqiiji in dhakhtarkaagu doonayo inuu raaco sida aad ka dardaaranto.

- This document should be part of your medical record at your physician's office and at the hospital, home care agency, hospice, or nursing facility where you receive your care.

  Qoraalkan waa inuu qeyb ka yahay diiwankaaga caafimaadka ee dhakhtarka iyo cisbitaalka, hay'adaha daryeelka, guryaha dadka naf ka dhawrka ah lagu hayo, ama guryaha dadka wayeelka ah.