

CATHOLIC  
LIVING  
WILL



DESIGNATION OF HEALTH CARE REPRESENTATIVE  
ADVANCE DIRECTIVE

COURTESY OF  
IMMACULATE CONCEPTION CHURCH  
900 Darlington Ave., Mahwah, NJ 07430  
201.327.1276

**CATHOLIC LIVING WILL  
DESIGNATION OF HEALTH CARE REPRESENTATIVE  
ADVANCE DIRECTIVE**

---

My Personal Information

Name \_\_\_\_\_

Spouse (If Married) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ ZIP \_\_\_\_\_ Tel \_\_\_\_\_ Email \_\_\_\_\_

Children (if any)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Person/s to contact when necessary**

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ ZIP \_\_\_\_\_ Tel \_\_\_\_\_ Email \_\_\_\_\_

**Physician to contact when necessary**

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ ZIP \_\_\_\_\_ Tel \_\_\_\_\_ Email \_\_\_\_\_

**Hospital to contact when necessary**

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ ZIP \_\_\_\_\_ Tel \_\_\_\_\_ Email \_\_\_\_\_

**Priest/Parish to contact when necessary**

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ ZIP \_\_\_\_\_ Tel \_\_\_\_\_ Email \_\_\_\_\_

# Catholic Declaration on Life and Death

---

## Catholic Teaching on Extraordinary Means

The natural law and the Fifth Commandment require that all ordinary means be used to preserve life, such as food, water, exercise, and medical care. Since the middle ages, however, Catholic theologians have recognized that human beings are not morally obligated to undergo every possible medical treatment to save their lives. Treatments that are unduly burdensome or sorrowful, such as amputation, or beyond the economic means of the person, or which only prolong the suffering of a dying person, are morally *extraordinary*, meaning they are not obligatory.

The many advances in medicine during recent decades, however, has complicated the decision whether to undergo or forego medical treatment, since medicine can now save many people who would simply have been allowed to die in the past. Further, having saved them, many people continue to live for long periods in comatose or semi-conscious states, unable to live without technological assistance of one kind or another. The following Questions and Answers will address some of the complexities of this issue.

### **Q. When may medical therapies, procedures, equipment and the like be withheld or withdrawn from a patient.**

**A.** The Catechism of the Catholic Church states, (CCC2278) discontinuing medical procedures that are burdensome, dangerous, extraordinary, or disproportionate to the expected outcome can be legitimate; it is the refusal of "over-zealous" treatment. Here one does not will to cause death; one's inability to impede it is merely accepted. The decisions should be made by the patient if he is competent and able or, if not, by those legally entitled to act for the patient, whose reasonable will and legitimate interests must always be respected.

The key principle in this statement is that one does not will to cause death. When a person has an underlying terminal disease, or their heart, or some other organ, cannot work without mechanical assistance, or a therapy being proposed is dangerous, or has little chance of success, then not using that machine or that therapy results in the person dying from the disease or organ failure they already have. The omission allows nature to take its course. It does not directly kill the person; even though it may contribute to the person dying earlier than if aggressive treatment had been done.

### **Q. Does this also apply to artificially provided nutrition and hydration?**

**A.** Yes, when the moral conditions noted above are met. We must, therefore, ask the question "will the withdrawal of nutrition and hydration allow the person to die, or kill the person?" When it will allow a person to die from an underlying condition, rather than unnecessarily prolonging their suffering, it may be removed. So, for example, in the last hours, even days, of a cancer patient's life, or if a sick person's body is no longer able to process food and water, there is no moral obligation to provide nutrition and hydration. **The patient will die of their disease or their organ failure before starvation or dehydration could kill them. However, when the withdrawal of nutrition and hydration is intended to kill the person, or will be the immediate and direct cause of doing so, quite apart from any disease or failure of their bodies, then to withdraw food and water would be an act of euthanasia, a grave sin against the natural law and the law of God.**

### **Q. Natural Law is mentioned. What is it?**

**A.** The natural law is morality which reason can determine from the nature of man, without the assistance of God's revelation. An example is the right to life. Almost all human societies throughout history, both religious and non-religious, have recognized that it is wrong to kill an innocent person. This is a conclusion which reason can easily come to, since all human beings have an inborn desire to live. From this natural law principle we can easily see that any action that directly and intentionally kills an innocent person is an unjust taking of a human life. Therefore, withdrawing food and water from anyone who is not about to die and who can still tolerate it, has no other reasonable name than murder.

## Q. What does the Church say about this?

A. The Pope addressed this issue in an address to a group of physicians who were in Rome in March 2004 precisely to discuss it. Note how he both uses the language of the natural law and the language of faith, which also tells us what we may do and not do.

I should like particularly to underline how the administration of water and food, even when provided by artificial means, always represents a natural means of preserving life, not a medical act. Its use, furthermore, should be considered, in principle, ordinary and proportionate, and as such morally obligatory, insofar as and until it is seen to have attained its proper finality, which in the present case consists in providing nourishment to the patient and alleviation of his suffering.

The obligation to provide the "normal care due to the sick in such cases" (1) includes, in fact, the use of nutrition and hydration (2). The evaluation of probabilities, founded on waning hopes for recovery when the vegetative state is prolonged beyond a year, cannot ethically justify the cessation or interruption of minimal care for the patient, including nutrition and hydration. Death by starvation or dehydration is, in fact, the only possible outcome as a result of their withdrawal. In this sense it ends up becoming, if done knowingly and willingly, true and proper euthanasia by omission.

In this regard, I recall what I wrote in the Encyclical Evangelium Vitae making it clear that "by euthanasia in the true and proper sense must be understood an action or omission which by its very nature and intention brings about death, with the purpose of eliminating all pain"; such an act is always "a serious violation of the law of God, since it is the deliberate and morally unacceptable killing of a human person" (n. 65). [Pope John Paul II, To the Congress on Life-Sustaining Treatments and Vegetative State, 20 March 2004]

(1) Congregation for the Doctrine of the Faith, *Iura et Bona*, p. IV)

(2) cf. Pontifical Council "Cor Unum", *Dans le Cadre*, 2, 4, 4; Pontifical Council for Pastoral Assistance to Health Care Workers, *Charter of Health Care Workers*, n. 120

## Q. What can a person do to ensure that their wishes and their religious beliefs are respected by their family, medical personnel and the courts?

A. The best way is by means of an Advance Directive which states the patients wishes with respect to aggressive medical treatment. There are two basic kinds, a Living Will by itself or an Advance Directive with a Durable Power of Attorney (or Proxy) for Health Care Decisions. The merits of each are as follows:

1. Living Will. By this document a person decides completely in advance whether they want to be kept alive by technology. It is a "yes" or "no" statement, which then places the matter in the hands of the medical community. Many Catholic bishops and moralists consider this an unsatisfactory approach, as it does not provide for unforeseen circumstances. Despite the enthusiasm of the media, many medical professionals, and sadly even some Catholic institutions, Living Wills are NOT the way to go!

2. Advance Directive with a Durable Power of Attorney or Health Care Proxy. These documents give to a friend or family member the authority to make health care decisions according to one's mind as expressed in an Advance Directive. By appointing an agent, or giving someone durable power of attorney, the patient allows for unforeseen circumstances. By stating in an Advance Directive that one wants Catholic teaching adhered to, one can ensure that neither the agent nor the medical institution will disregard that teaching. Together they ensure that a trusted person, rather than strangers, will make circumstantially appropriate decisions, in keeping with the Faith.

## Steps for Completing Your Advance Directive

### Part One:

- ☒ Choose a person whom you trust to act as your health care representative (proxy)
- ☒ Direct your health care representative (proxy) to make your health care choices in accordance with your health care instructions or wishes when you cannot make these choices for yourself.

### Part Two:

- ☒ Give directions about your health care choices and wishes to those who will be responsible for your care.
- ☒ Tell your health care representative (proxy), family member or friend to bring a copy of this form to the hospital when you are admitted.

### Part Three:

- ☒ Sign the advance directive form in the presence of two witnesses 18 years of age or older.
- ☒ Have those two witnesses sign and date the form (but not your health care representative, alternate health care representative, or doctor).
- ☒ Give copies of the advance directive to your health care representative (proxy), your doctor, and appropriate family members or friends.
- ☒ Keep the original copy of this form for yourself.
- ☒ Bring a copy of this form to the hospital when seeking medical treatment.

# My Catholic Living Will

I

of \_\_\_\_\_.

I am a Catholic from the Parish of \_\_\_\_\_ Diocese of \_\_\_\_\_

and believe that life is a precious gift from God. I believe that God intended for my life to be lived for His glory and my salvation. Because of my Catholic belief in the dignity of the human person and my eternal destiny with God, I ask my family, physicians, lawyer, pastor, and friends to fully inform me of my condition and prognosis, if I should become irreversibly and terminally ill, so that I can prepare myself spiritually for death. Therefore, I do not need to resist death if medical treatment is futile or disproportionately burdensome. This Declaration on Life and Death, made while I am of sound mind, is intended to convey my desire that my dying not be artificially prolonged under the circumstances set forth below.

My duly appointed health care agent may refuse medical treatments, as long as doing so is consistent with the authoritative teaching of the Catholic Church such as that set forth in documents such as *The Gospel of Life* (Pope John Paul II, March 25, 1995); *Declaration on Euthanasia* (Congregation for the Doctrine of the Faith, 1980); *Patients in a "Permanent" Vegetative State* (Pope John Paul II, March 20, 2004); *Nutrition and Hydration: Moral Considerations* (The Catholic Bishops of Pennsylvania, Revised Edition, 1999); *Ethical and Religious Directives for Catholic Health Care Services* (U.S. Conference of Catholic Bishops, 2001); and *Responses to Certain Questions Concerning Artificial Nutrition and Hydration* (Congregation for the Doctrine of the Faith, 2007).

Medical treatments may be foregone, or withdrawn, if they do not offer me reasonable hope of benefit or are disproportionately burdensome, meaning the treatments will impose serious risks, excessive pain, excessive expense on the family or the community, or other extreme burden.

I am executing this Declaration in order to make known my decisions concerning medical treatment that might unnecessarily prolong the dying process beyond the limits dictated by reason and good judgment.

I do therefore declare that if at any time I am mentally or physically unable to make my own health care decisions and unlikely to regain such capacity and if:

**(Please put your initial below the one(s) you want to apply)**

\_\_\_\_\_ I have a terminal condition from which I will inevitably die with or without treatment;

\_\_\_\_\_ I have an end-stage condition (an irreversible and progressive condition caused by an illness or injury which has reached its final stages, and for which, to a reasonable degree of medical certainty, further treatment would be medically ineffective);

\_\_\_\_\_ I am in a persistent vegetative state (a permanent and irreversible condition in which the patient is totally unaware and totally unable to communicate); and if my attending or treating physician and another consulting physician have determined that I have one of the conditions I have initialed above and there is no reasonable medical expectation of my recovery from such condition, then I request and direct: 1) that my pain be alleviated; 2) that no excessively burdensome nor disproportionate means be used to prolong my life; and 3) that nothing should be done with the intention of causing my death.

I believe nutrition and hydration are generally beneficial, whether being administered orally or with assistance. Therefore, they are not to be withheld or withdrawn from me unless there is clear evidence, in the judgment of my physicians and my surrogate (if I have designated a surrogate), that they would cause me harm, be disproportionate, or be excessively burdensome.

I understand the full import of this Declaration, and I am emotionally and mentally competent to make this Declaration. It is my intention that this Declaration be honored by my family and physician(s) as the final expression of my legal right to refuse medical or surgical treatment and to accept the consequences of such refusal.

Additional Instructions (Optional):

---

---

---

---

I ask my family, friends and the Catholic community to join me in prayer as I prepare for death. Finally, I seek prayers after my death, that I may enjoy eternal life.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_ .

Signature \_\_\_\_\_

The declarant is personally known to me, and I believe him/her to be of sound mind. (The witnesses cannot be the health care surrogate; only one witness can be a spouse or blood relative of the signer.)

Witness \_\_\_\_\_ Signature: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ ZIP \_\_\_\_\_ Tel \_\_\_\_\_ Email \_\_\_\_\_

**DESIGNATION OF  
MY HEALTH CARE REPRESENTATIVE  
and  
INSTRUCTION ON ADVANCE DIRECTIVE  
ON MY HEALTH CARE**

---

**STATEMENT OF BELIEF**

Catholics believe that life is a gift of a loving God. Life is a holy gift for which we are responsible, but do not own. We believe that assisted death and suicide destroy human life and are never allowed.

As an adult, I have the right to make decisions about my health care. As a Catholic, I may never choose my own death as an end or a means. There may come a time when I am unable to express my own health care decisions. By writing an advance directive, I give instructions and wishes for my future health care decisions. This advance directive for health care shall take effect when I am not able to express my health care decisions, as determined by my attending doctor. I direct that those responsible for my care make health care decisions according to my stated wishes. I direct that this advance directive be included in my permanent medical record.

The naming of a health care representative (proxy) and instruction directive are combined into one form. This act allows adults to complete an advance directive. You can choose either a health care representative (proxy) or give directions about your health choices and wishes, or both. It is not a law that you must have an advance directive. You cannot be refused admission to a health care facility because you do not have an advance directive.

Before completing an advance directive, it is important to think about the following:

- ✦ You should talk about your choices with your Pastor, Deacon, Chaplain, and entire family. Your family may include your spouse, adult children, parents, brothers, and sisters. This form is not intended to take the place of legal advice.
- ✦ You should talk to your doctor about your health care choices.
- ✦ Your health care representative (proxy) should know you and your wishes about medical treatment. Your health care representative has the legal right to make health care decisions based on your advance directive when you cannot make decisions.
- ✦ You do not need a lawyer to complete an advance directive. You may talk to one if you have legal questions about your Living Will and Health Care Representative and Advance Directive regarding your Health Care.
- ✦ You need to review your advance directive from time to time to make sure that your wishes are still the same.
- ✦ You can decide to change your advance directive at any time.
- ✦ If you want to cancel your advance directive, put it in writing or talk to your health care representative, doctor or family.
- ✦ You have a right to make decisions about your medical treatment.
- ✦ Medical care will not be withheld just because you become unable to make your own treatment decisions.

## DESIGNATING MY HEALTH CARE REPRESENTATIVE

My health care agent (or health care representative as designated by the law) is to presume in favor of providing me with nutrition and hydration, including medically assisted nutrition and hydration if they are capable of sustaining my life.

This health care power of attorney will take effect when, and only when, I lack the ability to understand, make or communicate a choice regarding a health or personal care decision and that inability is verified by my attending physician.

My health care agent may not delegate the authority to make decisions to anyone else, unless I specifically authorize that by additional written instructions which I set forth below. I recognize that the civil law gives my health care agent certain powers. These powers are to be exercised according to my wishes and religious beliefs as expressed above.

---

## POWERS OF HEALTH CARE REPRESENTATIVE

1. To authorize or direct withholding or withdrawal of medical care and surgical procedures.
2. To authorize my admission to or discharge from a medical, nursing, residential or similar facility, and to make arrangements for my care, including hospice and/or palliative care.
3. To hire and discharge medical, social service and other support personnel responsible for my care.
4. To authorize, withhold or withdraw nutrition (food) or hydration (water) medically supplied by tube through my nose, stomach, intestines, arteries or veins.
5. To request that a physician responsible for my care issue a do-not-resuscitate (DNR) order, including an out-of-hospital DNR order as authorized in law, and sign any required documents and consents.

Effective immediately and continuously until my death, or revocation by a writing signed by me or someone authorized by law to revoke this document, I authorize all health care providers or other covered entities to disclose to my health care agent, upon the agent's request, any information, oral or written, regarding my physical or mental health. The information includes, but is not limited to, medical and hospital records and what is otherwise private, privileged, protected or personal health information (such as that described or defined in the Health Insurance Portability and Accountability Act of 1996 (Public Law 104-91, 100 Stat. 1936) and the regulations promulgated there under and any other State or local laws and rules).

A) I have chosen the following person to be my Health Care Representative.

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ ZIP \_\_\_\_\_ Tel \_\_\_\_\_ Email \_\_\_\_\_

He or she will be my health care representative to make my health care decisions when I am not able to speak for myself. If my wishes are not clear or events take place that I have not talked about, I ask that my health care representative make the decisions based upon what he or she knows of my wishes.

I have talked with my health care representative about this responsibility. He or she has willingly agreed to accept this role.

B) I have chosen the following person(s) as my Alternate Health Care Representative, if the person I have chosen above is not able, not willing, or not available to act as my health care representative:

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ ZIP \_\_\_\_\_ Tel \_\_\_\_\_ Email \_\_\_\_\_

He or she will be my health care representative to make my health care decisions when I am not able to speak for myself. If my wishes are not clear or events take place that I have not talked about, I ask that my health care representative make the decisions based upon what he or she knows of my wishes.

I have talked with my health care representative about this responsibility. He or she has willingly agreed to accept this role.

---

## TREATMENT CHOICE INSTRUCTIONS

In Part Two, you are asked to give directions about your future health care. This will mean making important and difficult choices. You need to think about and write down different situations when different types of medical treatments, including life-sustaining actions, should be given or should not be given. Before finishing this part, you should talk this over with your health care representative, doctor, priest, deacon, spouse, family members or those who may be responsible for your care. It is suggested that from time to time you look over these instructions with these same people to make sure that your wishes are still the same.

**Please take time to look over all of Part Two before completing the form.**

### GENERAL INSTRUCTIONS

I direct the people who are responsible for my care to carry out the following:

***Initial one of the following statements -- either A or B.***

\_\_\_\_\_ A. I direct that all medically indicated treatments and food and water (through tubes if necessary) be given to maintain my life, no matter what my physical or mental condition.

(Skip B & C)

OR

\_\_\_\_\_ B. If a serious health condition occurs and my primary doctor and at least one other doctor who has personally examined me, decide that the irreversible process of dying has begun and death is very near, I direct not to have treatments that would only prolong my dying. If these treatments have been started, they should be stopped. I also want to be given all necessary medical care appropriate to stop pain and to make me comfortable.

(Go to C)

\_\_\_\_\_ C. If I have been diagnosed as being in a permanent coma or in a persistent vegetative state after being examined by my primary doctor and at least one other doctor, who is qualified to make this decision, choose either 1 or 2.

\_\_\_\_\_ 1. I direct that extraordinary\* medical care, as understood in the teachings of the Catholic Church, including food and water (through tubes if needed) shall be used no matter what my physical or mental health.

OR

\_\_\_\_\_ 2. I direct that extraordinary\* medical care, as understood in the teachings of the Catholic Church, shall not be used. I direct that food and water (through tubes if needed) be continued unless or until the benefits of this food and water are clearly outweighed by a definite danger or burden, or are useless.

\* Extraordinary medical care is understood as those medicines, treatments or operations which may be very expensive, may cause excessive pain or other extreme difficulties or which may offer no reasonable hope of benefit.

Examples of extraordinary measures that I would want are as follows:

---

---

---

---

---

\_\_\_\_\_ D. If I am pregnant and I am diagnosed as being in a permanent coma, in a persistent vegetative state or that the process of dying has begun and death is near, I direct that all medically indicated measures and food and water (through tubes if necessary) be given to maintain my life, regardless of my physical or mental condition, if this could maintain the life of my unborn child until birth.

\_\_\_\_\_ E. Some state recognizes the irreversible cessation of all functions of the entire brain, including the brain stem (also known as whole brain death), as a legal standard for the declaration of death. Generally, physicians will follow this standard. However, if you cannot accept this standard because of your personal religious beliefs, you may request that it not be applied in determining your death by initialing the following statement:

\_\_\_\_\_ To declare my death on the basis of the irreversible cessation of all functions of the entire brain, including the brain stem, would violate my personal religious beliefs. I therefore direct that my death be declared solely on the basis of the traditional criteria of irreversible cessation of cardiopulmonary (heartbeat and breathing) function.

F. Please initial one:

\_\_\_\_\_ Upon my death, I am willing to donate any parts of my body that may be beneficial to others.

---

## Signatures, Witnesses and Copies

### A. Signature:

By writing this advance directive, I ask that my wishes as stated be put into effect by those people indicated to make health care decisions for me when I can no longer make them for myself. I have talked about the terms of this agreement with my health care representative. He or she has willingly agreed to accept the responsibility for making decisions for me according to this advance directive. I understand the purpose and effect of this document. I am signing it willfully, voluntarily, and after careful consideration.

Signed today on \_\_\_\_\_

Signature \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ ZIP \_\_\_\_\_ Tel \_\_\_\_\_ Email \_\_\_\_\_

**B. Witnesses:** I state that the person who signed this document above did so in my presence, and appears to be of sound mind and free of duress or undue influence to complete this advance directive. I am 18 years of age or older and am not designated by this or any other document as this person's health care representative.

1. Witness Signature \_\_\_\_\_

Witness Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ ZIP \_\_\_\_\_ Tel \_\_\_\_\_ Email \_\_\_\_\_

2. Witness Signature \_\_\_\_\_

Witness Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ ZIP \_\_\_\_\_ Tel \_\_\_\_\_ Email \_\_\_\_\_

### C. NOTARIZATION (OPTIONAL)

*This form does not need to be notarized, but if it is witnessed and notarized, it is more likely to be accepted under the laws of some other states.*

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared the aforesaid declarant and principal to me known to be the person described in and who executed the foregoing document and acknowledged that he/she signed the document as his/her free act and deed.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in \_\_\_\_\_ County, State of \_\_\_\_\_, the day and year first above written.

### NOTARY PUBLIC

My Commission expires \_\_\_\_\_

Signature \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ ZIP \_\_\_\_\_ Tel \_\_\_\_\_ Email \_\_\_\_\_

**D. COPIES:** A copy of this advance directive has been given to the following people. (It is important to provide your doctor, your health care representative, and appropriate family members or friends with a copy of this document. You keep the original.)

1. Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ ZIP \_\_\_\_\_ Tel \_\_\_\_\_ Email \_\_\_\_\_

2. Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ ZIP \_\_\_\_\_ Tel \_\_\_\_\_ Email \_\_\_\_\_

3. Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ ZIP \_\_\_\_\_ Tel \_\_\_\_\_ Email \_\_\_\_\_

A copy of this directive should be given to your Health Care Representative (Proxy), your doctor, your pastor and appropriate family members or friends.



*The Lord is my shepherd:  
I shall not want.  
He makes me to lie down in green Pastures,  
He leads me beside the still waters.  
He restores my soul:  
he leads me in the paths of righteousness  
for his name's sake,  
though I walk through the valley  
of the shadow of death,  
I will fear no evil:  
for you are with me,  
Your rod and Your staff comfort me.  
You prepare a table before me  
in the presence of my enemies:  
You anointed my head with oil;  
my cup overflows.  
Surely goodness and mercy shall follow me  
all the days of my life:  
and I will dwell in the house of the Lord  
all the days of my life.*



✠ *jmmap*

FR. JM MANOLO A. PUNZALAN, STL, MA