



Ikigo c'I Vermont kijejwe gufata ingingo zibereye kuvy'amagara y'abantu

Vyateguwe n'umurwi w'i Vermont ujejwe ivy'inyifato

Vermont Advance Directive for Health Care

Prepared by the Vermont Ethics Network

KIRUNDI

INSIGURO & IVYO KUGENDERAKO EXPLANATION & INSTRUCTIONS

- Urafise uburenganzira bwo: / You have the right to:
 1. Gutora uwundi muntu agufatira ingingo mu gishingo cawe z'ivy'amagara yawe mu gihe udashoboye kuzifatira.
Name someone else to make health care decisions for you when or if you are unable to make them yourself.
 2. Gutanga ivyo kugenderako bijanye n'ukwo ushaka kuvurwa n'ivyo udashaka.
Give instructions about what types of health care you want or do not want.
- Ni ivyiringakamaro kuvugana n'abo bantu ba hafi bawe hamwe n'abasanzwe bakuvura ivyerekeye intumbero zawe, ivyipfuzo ndetse n'ivyo ukunda mu ntumbero yo kwivuzza.
It is important to talk with those people closest to you and with your health care providers about your goals, wishes and preferences for treatment.
- Ushobora gukoresha iyi fishe yose canke ugakoresha igice cayo. Nk'akarorero, mu gihe wipfuzza gutora uwuguserukira umwe mu gice ca mbere, ushobora kwuzuzza ico gice gusa hama ugasimbira ku gice ca gatanu gutera umukono urikumwe n'ivyabona bikenewe.
You may use this form in its entirety or you may use any part of it. For example, if you only want to choose an agent in Part One, you may fill out just that section and then go to Part Five to sign in the presence of appropriate witnesses.
- Urafise uburenganzira bwo gukoresha iyindi fishe ndende mu gihe ifise ivyabona. Amafishe menshi avuga amakuru aramvuye yerekeye ukwo wipfuzza kuvurwa uburwayi bwo mu mutwe aboneka ku rubuga rwa VEN: www.vtethicsnetwork.org.
You are free to use another form so long as it is properly witnessed. More detailed forms providing greater options and information regarding mental health care preference can be found on the VEN website at www.vtethicsnetwork.org.

Igice ca MBERE c'ino fishe kiraguha akaryo ko gutora umuntu akubera **"uwuguserukira"** mu gufata ingingo z'ivy'amagara yawe mu gihe utagishoboye canke utakicipfuzza kwifatira ingingo. Urashobora no guhitamwo uwundi asubirira uwusanzwe aguserukira. Ni vyiza guhitamwo umuntu wizewe, uwoshobora gufata ingingo zikomeye zikwerekeye atankomanzi nimwe. Abo bantu batagerezwa kuyoborwa n'amarangamutima yawe mu kuguhitiramwo ikibereye **bakanemera** gukora nk'abaguserukira. Urashobora kwuzuzza urwo rupapuro rwabigenwe "Advance Directive" mu gushiramwo ivyo wipfuzza ko vyokora mu kukuvura *naho woba utarahitamwo uwuguserukira*. Abakuvura bazokurikiza ivyo wahisemwo muri Advance Directive yawe atawuguserukira barinze gukoresha, ariko kugira uwo wahisemwo nk'uwuguserukira mu gufata ingingo zikwega birorohereza abakuvura n'abandi bakwitwararika mu gufata ingingo zibereye mu bihe bitaba bisiguye neza muri Advance Directive yawe. Twisunze amategeko y'i Vermont, umuvyeyi akuri hafi ntazoshoka agufatira ingingo mu gihe utagishoboye kuyifata. Nico gituma ari vyiza guhitamwo umuntu wawe aguserukira hakiri kare.

Part ONE of this form allows you to name a person as your **"agent"** to make health care decisions for you if you become unable or unwilling to make your own decisions. You may also name alternate agents. You should choose someone you trust, who will be comfortable making what might be hard decisions on your behalf. They should be guided by your values in making choices for you **and agree** to act as your agent. You may fill out the Advance Directive form stating your medical preferences *even if you do not identify an agent*. Medical providers will follow your directions in the Advance Directive without an agent to their best ability, but having a person designated as your agent to make decisions for you will help medical providers and those who care for you make the best decisions in situations that may not have been detailed in your Advance Directive. According to Vermont law, next-of-kin will not automatically make decisions on your behalf if you are unable to do so. That is why it is best to appoint someone of your choosing in advance.

Igice ca KABIRI c'ino fishe kiraguha akaryo ko gushiramwo **Intumbero z'ukuvurwa & Iviyipfuzo**. Uaronswa amahitamwo kugira ugaragaze ivyipfuzo vyawe vyo kuronswa, kutaronswa, canke guhagarika kwivuzza bivanye n'ibihe kanaka vyihariye. Iki banza co kwandikako ibindi vyiypfuzo kanaka bijanye n'ukwo umeze, amagara yawe canke ivyizerwa vyawe.

Part TWO of this form lets you state **Treatment Goals & Wishes**. Choices are provided for you to express your wishes about having, not having, or stopping treatment under certain circumstances. Space is also provided for you to write out any additional or specific wishes based on your values, health condition or beliefs.

Igice ca GATATU c'ino fishe kiraguha akaryo ko gushiramwo **Aho ivyo kwivuzza bitarenga**. Muri ubwo buvuzi harimwo CPR, imashini zo guhema, kugaburira imiyoboro, nama antibiyotike. Hariho ikibanza c'aho wandika icipfuzo icarico cose. **MENYA NEZA**: Nimba udashaka CPR (Kugufyondesha icuma cabigenewe umutima uretse gutera), imashini yo guhema, icuma kigufasha kungaburo ukeneye, canke ama antibiyotike, usabwe kuvugana na Dogiteri wawe, niwe yokwuzuzza **itegeko rya DNR/COLST** (Ntugakangure uwuriko aracikana/Itegeko ryo kwa muganga muvuyo kugarura ubuzima bw'umuntu. Abaganga batabara imbabare batagerezwa kugerageza kugarura ubuzima bwawe kiretse warasinye itegeko rivyanka DNR/COLST rivuga aho bagarukira. Nimba hatariho DNR/COLST abaganga bazoheza bakoreshe CPR kuko atamwanya bazoba bafise wo gusoma Advance Directive, canke wo kubonana n'umuryango, uwuguserukira, canke dogiteri.

Part THREE of this form lets you express your wishes about **Limitations of Treatment**. These treatments include CPR, breathing machines, feeding tubes, and antibiotics. There is space for you to write any additional wishes. **NOTE**: If you **DO NOT** want CPR, a breathing machine, a feeding tube, or

antibiotics, please discuss this with your doctor, who can complete a **DNR/ COLST order** (Do Not Resuscitate/Clinician Order for Life Sustaining Treatment) to ensure that you do not receive treatments you do not want, especially in an emergency. Emergency Medical Personnel are required to provide you with life-saving treatment unless they have a signed DNR/COLST order specifying some limitation of treatment. If there is no DNR/COLST order the emergency medical team will perform CPR as they will not have time to consult an Advance Directive, your family, agent, or physician.

Igice ca KANE c'ino fishe ituma ushikiriza ivyipfuzo vyawe bijanye no **gutanga ibihimba vy'umubiri wawe & ikiriyo cawe ukwo ucipfuzza, kuguhamba n'aho boshira** ibisigi vyawe.

Part FOUR of this form allows you to express your wishes related to **organ/ tissue donation & preferences for funeral, burial and disposition** of your remains.

Igice ca GATANU ni ico gushirako imikono. Utegerezwa gusinya runo rupapuro uri kumwe n'ivyabona bibiri bikuze. Bano bantu **ntibashobora** kuba ivyabona: uwuguserukira hamwe n'umusubirizi wiwe; umugore wawe canke uwo mukundana; abavyeyi; abavukanyi; abana canke abuzukuru.

Woha ifishe imwe yujuje uwuguserukira n'uwumusubirira, umuganga, umuryango wawe hamwe n'ibigo bigufasha kwivuzza aho uba canke aho ukunze kuja kwivuriza. Umenye neza ko uwufise urupapuro rwa Advance Directive yawe hashobora kuba impinduka mu gihe ivyo wipfuzza bihindutse.

Uratewe kandi intege zo kurungika kopi ya Advance Directive yawe mu kigo c'i Vermont cegeranya ayo mabwirizwa ya Advance Directive harimwo n'ifishe isinye y'amategeko yo kwiandikisha mu mpera za kino gitabo.

Urafise uburenganzira bwo guhagarika vyose canke bimwe biri muri iyi Advance Directive kubw'imvo z'amagara canke ugahindura ino fishe umwanya wariwo wose. Mu gihe uyihinduye, izo washizemwo za kera zose zirafutwa. Mu gihe uhinduye kandi ukaba wararungitse kopi y'urupapuro rwawe kurico kigo kibijewe, suzuma neza ko wasubiye kubaha iyo yindi nshansha canke ifishe iranga impinduka zose wagize kuri Advance Directive yambere.

Part FIVE is for signatures. You must sign and date the form in the presence of two adult witnesses. The following persons may **not** be witnesses: your agent and alternate agents; your spouse or partner; parents; siblings; children or grandchildren.

You should give copies of the completed form to your agent and alternate agent(s), to your physician, your family and to any health care facility where you reside or at which you are likely to receive care. Please note who has a copy of your Advance Directive so it may be updated if your preferences change.

You are also encouraged to send a copy of your Advance Directive to the Vermont Advance Directive Registry with the Registration Agreement Form found at the end of this document.

You have the right to revoke all or part of this Advance Directive for Health Care or replace this form at any time. If you do revoke it, all old copies should be destroyed. If you make changes and have sent a copy of your original document to the Vermont Advance Directive Registry, be sure to send them a new copy or a notification of change form with information needed to update your Advance Directive there.



STEP
2
**TAKING
STEPS
VERMONT**

A Comprehensive Guide to Medical Decision-Making

Includes advance directive form to
appoint a health care agent and
document treatment preferences

VERMONT
ETHICS
NETWORK
— Advancing —
Health Care Ethics

A publication by the Vermont Ethics Network

Ushobora kwipfuzza gusoma kano gatabo *Taking Steps* (*Gufata intambwe*) zo kugufasha kwiyumvira no kuyaga kuyandi mahitamwo n'ibishobora kuba mukabiyaga n'uwuguserukira canke incuti zawe mukundana.

You may wish to read the booklet *Taking Steps* to help you think about and discuss different choices and situations with your agent(s) or loved ones.

Ama kopi ya *Taking Steps* ashobora kugurirwa kuri:
Copies of *Taking Steps* can be purchased from:

Vermont Ethics Network

61 Elm Street

Montpelier, VT 05602.

Tel (Tel) (802) 828-2909

Fax (Fax) (802) 828-2646

www.vtethicsnetwork.org

Kumenya vyinshi vyerekeye ikigo c'i Vermont cegeranya ama Advance Directive raba kuri:

For information about the Vermont Advance Directive Registry visit:

Umuhora waco (VEN): www.vtethicsnetwork.org

VEN website

canke / or

**Umuhora w'ikigo kizegeranya at the Vermont
Department of Health:**

Registry website at the Vermont Department of Health:

www.healthvermont.gov/vadr



Ikigo c'I Vermont kijejwe gufata ingingo zibereye kuvy'amagara y'abantu

Vermont Advance Directive for Health Care

IZINA RYAWA

YOUR NAME

ITARIKI Y'AMAVUKO

DOB

ITARIKI

DATE

AHO UBA

ADDRESS

UMUJI

CITY

INTARA

STATE

ZIP

ZIP

IGICE CA MBERE: UWUGUSERUKIRA MUVYO KWIVUZA

PART ONE: YOUR HEALTH CARE AGENT

Uwuguserukira **kuvy'amagara meza** arashobora kugufatira ingingo ijanye n'ivy'amagara yawe mu gihe utagomba canke utagishoboye kwifatira ingingo. Ni vyiza guhitamwo uwo wizeye, agutahura kandi yemera kuguserukira. Uwukuvura canke umuganga wawe **NTASHOBORA** kuba uwuguserukira kiretse muri incuti. Uwuguserukira **NTASHOBORA** kuba nyene ivuriro, umufundi waho, umukozi w'aho wivuriza, aho wivuriza canke ahagufasha kwivuzi nko mu kibano ubamwo mu gihe icandiko cawe c'ukwo wipfuzi kuvurwa caheze.

Your health care agent can make health care decisions for you when you are unable or unwilling to make decisions for yourself. You should pick someone that you trust, who understands your wishes and agrees to act as your agent. Your health care provider may **NOT** be your agent unless they are a relative. Your agent may **NOT** be the owner, operator, employee or contractor of a residential care facility, health care facility or correctional facility where you reside at the time your advance directive is completed.

Ndahisemwo **UNO MUNTU**: azonserukire muvy'amagara yanje.

I appoint this person to be my health care **AGENT**:

IZINA RY'UWUGUSERUKIRA

AGENT NAME

EMAIL

EMAIL

AHO ABA

ADDRESS

TEREFONE YO KU KAZI

HOME PHONE

TEREFONE ZO MUHIRA

WORK PHONE

TEREFONE NGENDANWA

CELL PHONE

(Nimba utoye **ABAGUSERUKIRA BABIRI**, usabwe kubashira ku mpapuro zitandukanye wuzuzi)

(If you appoint **CO-AGENTS**, list them on a separate sheet of paper)

Mu gihe uyu umwe anserukira afatirwe canke atakicipfuzi kubikora, Ndahisemwo uyu wundi ambere **UMUSUBIRIZI W'UWUNSERUKIRA**:

If this agent is unavailable, unwilling or unable to act as my agent, I appoint this person as my **ALTERNATE AGENT**:

IZINA RY'UWUSUBIRIRA UWUGUSERUKIRA

ALTERNATE AGENT NAME

EMAIL

EMAIL

AHO ABA

ADDRESS

TEREFONE YO KU KAZI

HOME PHONE

TEREFONE ZO MUHIRA

WORK PHONE

TEREFONE NGENDANWA

CELL PHONE

Abandi bashobora guhamagarwa ngo babazwe ivyerekeye amagara yanje ni:

Others who may be consulted about medical decisions on my behalf include:

Umuganga wanje (Dogiteri, Icegera ciwe canke umuforoma):

Primary care provider (Physician, PA or Nurse Practitioner):

IZINA

NAME

TEREFONE

PHONE

AHO ABA

ADDRESS

IZINA

NAME

TEREFONE

PHONE

AHO ABA

ADDRESS

Abatohamagarwa ngo babazwe ivy'amagara yanje ni:

Those who should NOT be consulted include:

IZINA
NAMEITARIKI Y'AMAVUKO
DOBITARIKI
DATE

Ndashaka ko Advance Directive yanje itangure: / I want my Advance Directive to start:

Mu gihe ntazoba nkigishoboye kwifatira ingingo
When I cannot make my own decisionsUbunyene
NowIgihe ibi bibaye:
When this happens:**IGICE CA KABIRI: INTUMBERO Z'IVY'AMAGARA MEZA HAMWE N'IVYIPFUZO BIJANYE N'UKWIZERA KW'UMUNTU**
PART TWO: HEALTH CARE GOALS AND SPIRITUAL WISHES

Intumbero zanje z'ukwo nshaka kwivuzza muri rusangi ni: / My overall health care goals include:

Ndashaka kubandanya ubuzima
bwanje igihe kirekire gishoboka
biciye mu buryo ubwo aribwo bwose
bwo kwivuzza.
I want to have my life sustained as long as
possible by any medical means.Ndashaka kuvurwa kugira ngumane ubuzima mu gihe ndabishaka:
I want treatment to sustain my life only if I will:basha kuvugana n'abagenzi n'umuryango.
be able to communicate with friends and family.
basha kwiyitaho.
be able to care for myself.
baho ata bubabare buhanitse ufise.
live without incapacitating pain.
menya neza abankikuje.
be conscious and aware of my surroundings.Ndashaka kwama mvurwa ivyo
nisabiye vyonyene bingwa neza.
I only want treatment directed toward
my comfort.

Intumbero zindi, Ivyipfuzo, canke Ivyizerwa nipfuzza kuvuga ni:

Additional Goals, Wishes, or Beliefs I wish to express include:

Abantu kumenya ko mfise ingwara ibangamiye ubuzima bwanje:

People to notify if I have a life-threatening illness:

Nimba ndiko ndacikana ni ivyankenerwa cane kuri jewe ko mba (suzuma ivyo guhitamwo):

If I am dying it is important for me to be (check choice):

Muhira
At homeKwa muganga
In the hospitalAhandi:
Other:Ntaco mpisemwo
No preference

Ivy'ivyizerwa nipfuzza ni: / My Spiritual Care Wishes include:

Idini ryanje/Ukwizera kwanje:

My Religion/Faith:

IKIBANZA CO GUTAZIRA
PLACE OF WORSHIPTEREFONE
PHONEADERESE
ADDRESS

Bino bintu, zino ndirimbo canke igitabo vyongwa neza:

The following items or music or readings would be a comfort to me:

IZINA
NAMEITARIKI Y'AMAVUKO
DOBITARIKI
DATE**IGICE CA GATATU: AHO BIHAGARARIRA KUVURWA**
PART THREE: LIMITATIONS OF TREATMENT

Urashobora gufata ingingo yerekeye ukwo ukeneye kuvurwa n'ukwo udakeneye mu gihe uremvyeye canke uri ku mpfiro. Hatisunzwe umurongo ntarengwa wasavye wo kwivuzza, urafise uburenganzira bwo gusaba guhagarikwa imibabaro canke ibimenyetso ugize (isesemwe, uburuhe, impwemu zidakwiye). Kiretse mu gihe woba wabivuze neza ivyo utipfuzza ko bagerako, nayo ubundi umurwi uriko urakuvura utegerezwa gukoresha ivyo ushoboye vyose kugira ishobore kurokora ubuzima bwawe.

You can decide what kind of treatment you want or don't want if you become seriously ill or are dying. Regardless of the treatment limitations expressed, you have the right to have your pain and symptoms (nausea, fatigue, shortness of breath) managed. Unless treatment limitations are stated, the medical team is required and expected to do everything possible to save your life.

1. Umutima wanje uhagaze (hitamwo kimwe):**If my heart stops (choose one):**

NDASHAKA CPR yo kugira bagerageze kugarura ubuzima bwanje.
I DO want CPR done to try to restart my heart.

SINSHAKA CPR yo kugira bagerageze kugarura ubuzima bwanje.
I DON'T want CPR done to try to restart my heart.

CPR isigura gushitura (umutima) mu gihe wahagaze, harimwo no kugufyonda cane ku gituzza, hakoreshajwe igikoresho c'umuyagankuba, nk'umuti wo gufasha gushitura umutima usubire gukora, kandi bigasa nkibigusubijemwo impwemu (bikaguha impwemu zari zagiye).

CPR means cardio (heart)-pulmonary (lung) resuscitation, including vigorous compressions of the chest, use of electrical stimulation, medications to support or restore heart function, and rescue breaths (forcing air into your lungs).

2. Nimba ntashoboye guhema jenyene (hitamwo kimwe):**If I am unable to breathe on my own (choose one):**

NDASHAKA imashini imfasha guhema umwanya wariwo wose.
I DO want a breathing machine without any time limit.

Ndashaka imashini imfasha guhema mu kiringo gito ndabe ko nomara kabiri canke ntore mitende.
I want to have a breathing machine for a short time to see if I will survive or get better.

SINSHAKA imashini imfasha guhema mu kiringo na kimwe.
I DO NOT want a breathing machine for ANY length of time.

*"Imashini zifasha guhema" ni igikoresho gifasha gukora impwemu muri wewe kikazisohora nka kurya kwa ventirateri.
"Breathing machine" refers to a device that mechanically moves air into and out of your lungs such as a ventilator.*

3. Nimba ntashoboye kumira ibifungurwa canke amazi kugira mbeho (hitamwo kimwe):**If I am unable to swallow enough food or water to stay alive (choose one):**

NDAKENEYE icuma kimfasha gufungura akanya kose bikenewe.
I DO want a feeding tube without any time limits.

Ndashaka imashini imfasha gufungura mu kiringo gito ndabe ko nomara kabiri canke ntore mitende.
I want to have a feeding tube for a short time to see if I will survive or get better.

SINSHAKA imashini imfasha gufungura mu kiringo na kimwe.
I DO NOT want a feeding tube for any length of time.

MENYA NEZA: Nimba uriko uravurirwa mu yindi ntara, uwuguserukira ntashoka aronka uburenganzira bwo kugumizaho canke gukuraho ivy'imashini igufasha gufungura. Nimba wipfuzza ko uwuguserukira afata ingingo kuvyerekeye imashini igufasha gufungura, fyonda ahabigenewe aho munsu. / *NOTE: If you are being treated in another state your agent may not automatically have the authority to withhold or withdraw a feeding tube. If you wish to have your agent decide about feeding tubes please check the box below.*

Ndemeje ko uwunserukira afata ingingo zerekeye kugaburirwa n'icuma.
I authorize my agent to make decisions about feeding tubes.

4. Nimba ndemvyeye canke nasinzikaye kuburyo ntasa n'uwuzokira (hitamwo kimwe):**If I am terminally ill or so ill that I am unlikely to get better (choose one):**

NDAKENEYE ama antibiotike canke iyindi miti kugira ngwanye ubucafufu bwangiyemwo. / I DO want antibiotics or other medication to fight infection.

SINKENEYE ama antibiotike canke iyindi miti kugira ngwanye ubucafufu bwangiyemwo. / I DON'T want antibiotics or other medication to fight infection.

Nimba waravuze ko udashaka CPR, imashini yo guhema, icuma kigufasha kungaburo ukeneye, canke ama antibiotike, usabwe kuvugana na Dogiteri wawe, niwe yokwuzuzza itegeko rya DNR/COLST kugira ntuzohabwe ukuvurwa udakeneye, ahanini mu gihe wakitswe cane n'amagara. Itegeko rya DNR/COLST rizokwubahirizwa hanzu y'ibitaro.

If you have stated you DO NOT want CPR, a breathing machine, a feeding tube, or antibiotics under any circumstances, please discuss this with your doctor who can complete a DNR/COLST form to ensure you don't receive treatments you don't want, particularly in an emergency situation. A DNR/COLST order will be honored outside of the hospital setting.

Ibindi vyipfuzo vy'ukwo novurwa naho bigarukira ni: / Additional Limitations of Treatment I wish to include:

IZINA
NAMEITARIKI Y'AMAVUKO
DOBITARIKI
DATE

IGICE CA KANE: GUTANGA IBICE VY'UMUBIRI & GUHAMBWA/GUTANGA IBISIGI

PART FOUR: ORGAN/TISSUE DONATION & BURIAL/DISPOSITION OF REMAINS

Ivyipfuzo vyanje kuvyo gutanga ibice vy'umubiri wanje (raba ico guhitamwo):

My wishes for organ & tissue donation (check your choices):

Ndemeye ata gahato gutanga bino bice vy'umubiri wanje:

I consent to donate the following organs & tissues:

Igice cose c'umubiri gikenewe

Any needed organs

Igice cose gikenewe (nk'urukoba, amagufa, ivyo ku jisho)

Any needed tissue (skin, bone, cornea)

Sinkeneye gutanga bino bice vy'umubiri wanje:

I do not wish to donate the following organs and tissues:

Sinshaka gutanga igice na kimwe c'umubiri wanje

I do not want to donate any organs or tissues

Ndashaka ko uwunserukira afata ingingo

I want my health care agent to decide

Ndipfuzza gutanga umubiri wanje kubwo ubushakashatsi canke ibisata vyo kwigisha. (Menya neza: uzotegerezwa kubanza kwiyumvikanira neza n'ishure ry'ubuvuzi canke ibindi bisata.) / I wish to donate my body to research or educational program(s). (Note: you will have to make your own arrangements with a medical school or other program in advance.)

Ivyo namenyeshaje kubwo guhambwa kwanje/Ivyo gutanga ibisigi vyanje niyo napfa (suzuma & wuzuze):

My Directions for Burial/Disposition of My Remains after I Die (check & complete):

Ndafise amasezerano y'ibanza gukenerwa muvuyo kuzohambwa kwanje:

I have a Pre-Need Contract for Funeral Arrangements:

IZINA

NAME

TEREFONE

PHONE

ADERESE

ADDRESS

Ndashaka ko bano bantu bamfatira ingingo zukwo nohambwa canke ukwo ibisigi vyanje vyokoreshwa (raba amahitamwo yawe):

I want the following individuals to decide about my burial or disposition of my remains (check your choices):

Uwuguserukira

Agent

Uwusubirira Uwuguserukira

Alternate Agent

Umuryango:

Family:

IZINA

NAME

TEREFONE

PHONE

ADERESE

ADDRESS

Uwundi:

Other:

IZINA

NAME

TEREFONE

PHONE

ADERESE

ADDRESS

Ivyipfuzo vyihariye (raba ivyo wohitamwo): / Specific Wishes (check your choices):

Ndashaka Ikiriyo/Imigenzo yo kunsezera

I want a Wake/Viewing

Nipfuzza amaziko — binashobotse muri iki kibanza: (ku kaburi, adereze, terefone)

I prefer a Burial — If possible at the following location: (cemetery, address, phone number)

Nipfuzza ko nogirirwa imigirwa yo guturirwa kw'ikiziga — umunyota wamvuyemwo ugasanazwa muri ubu buryo:

I prefer Cremation — With my ashes kept or scattered as follows:

Ndashaka imigirwa vy'ikiriyo hamwe no guhambwa canke guturirwa bigakurikira

I want a Funeral Ceremony with a burial or cremation to follow

Nkeneye gusa ibirori bizobera hafi y'imva mpejeje guhambwa

I prefer only a Graveside Ceremony

Nipfuzza ibirori vy'ukunyibuka gusa ku ntatemwa n'uguhamba canke guturirwa biba vyaraheze.

I prefer only a Memorial Ceremony with burial or cremation preceding

Ibindi vyo kumenya: (nk'uturirimbo, ibisomwa, uwo gusomesha imisa canke imihango)

Other Details: (such as music, readings, Officiant)

IZINA
NAMEITARIKI Y'AMAVUKO
DOBITARIKI
DATE

IGICE CA GATANU: URWETE RW'IVYIPFUZO RUTEWEKO UMUKONO
PART FIVE: SIGNED DECLARATION OF WISHES

Utegerezwa gusinya bino hataraza ivyabona BIBIRI bikuze. Bano bantu bakurikira **ntibashobora** gusinya nk'ivyabona:
 Uwuguserukira, umufasha wawe, abavyeyi, abavukanyi, abana canke abuzukuru.

You must sign this before TWO adult witnesses. The following people may **not** sign as witnesses: your agent(s), spouse, parents, siblings, children or grandchildren.

Ndemeje ko runo rupapuro rurimwo ivyo nipfuza ku magara yanje kandi ndarushizeko umukono atawungobereye.

I declare that this document reflects my health care wishes and that I am signing this Advance Directive of my own free will.

NASINYE
SIGNEDITARIKI
DATE

Ndemeza ko uwasinnye asa n'uwatahuye ukwo aya mabwirizwa ameze kandi ntashaka gukandamizwa canke kubiha iyindi ntumbero atipfuza mu gihe yamaze guterako umukono. *(Musabwe gusinyako n'ukugisohora ku mashini)*

I affirm that the signer appeared to understand the nature of this advance directive and to be free from duress or undue influence at the time this was signed. *(Please sign and print)*

ICABONA 1 (IZINA)
WITNESS 1 (PRINT NAME)UMUKONO
SIGNATUREITARIKI
DATEICABONA 2 (IZINA)
WITNESS 2 (PRINT NAME)UMUKONO
SIGNATUREITARIKI
DATE

Mu gihe umuntu ateyeko umukono asanzwe yemerewe canke ari umurwayi mu **bitaro**, umwe muri aba bakurikira ategerezwa gusigna akemeza ko basiguye neza ukwo ayo mabwirizwa yo kuvurwa yifashe n'ikizokurikira kandi ko umurwayi asa n'uwabitahuye kandi adashaka gukandamizwa canke kubiha iyindi ntumbero atipfuza mu gihe yamaze guterako umukono: *uwagenwe gusigura ivyo ku bitaro, umuhuza, uwuhagarariye abarwayi bo mu mutwe, umuyoboke w'abapadiri, umunyamategeko wa Vermont, canke uwagenywe n'urukiko.*

If the person signing this document is being admitted to or is a current patient in a **hospital**, one of the following must sign and affirm that they have explained the nature and effect of the advance directive and the patient appeared to understand and be free from duress or undue influence at the time of signing: *designated hospital explainer, ombudsman, mental health patient representative, recognized member of the clergy, Vermont attorney, or Probate Court designee.*

Mu gihe umuntu ateyeko umukono asanzwe yemerewe canke ari uwurwariye **muhira canke mu kibano**, umwe muri aba bakurikira ategerezwa gusigna akemeza ko basiguye neza ukwo ayo mabwirizwa yo kuvurwa yifashe n'ikizokurikira kandi ko umurwayi asa n'uwabitahuye kandi adashaka gukandamizwa canke kubiha iyindi ntumbero atipfuza mu gihe yamaze guterako umukono: *umuhuza, umuyoboke w'abapadiri, umunyamategeko wa Vermont, uwagenywe n'urukiko, uwagenwe gusigura ivyo ku bitaro, uwuhagarariye abarwayi bo mu mutwe, umuganga adakorera iki kigo, canke kwigishwa bikwiye ivy'ubuforoma bw'ukuvurira muhira h'abarwayi/ ikigo gifashiriza mu mihana abacituye.*

If the person signing this document is being admitted to or is a resident in a **nursing home or residential care facility**, one of the following must sign and affirm that they have explained the nature and effect of the advance directive and the resident appeared to understand and be free from duress or undue influence at the time of signing: *an ombudsman, recognized member of the clergy, Vermont attorney, Probate Court designee, designated hospital explainer, mental health patient representative, clinician not employed by the facility, or appropriately trained nursing home/ residential care facility volunteer.*

Uwabisiguye nkuko vyavuzwe aha hejuru arashobora kandi kuba umwe muvyabona bibiri bisabwa.

The explainer as outlined above may also serve as one of the two required witnesses.

IZINA
NAMEIGARADE/ICO UJEJWE
TITLE/POSITIONTEREFONE
PHONEADERESE
ADDRESSUMUKONO
SIGNATUREITARIKI
DATE

IZINA
NAME

ITARIKI Y'AMAVUKO
DOB

ITARIKI
DATE

Uyu arafise nawe urupapuro rumwe rw'amabwirizwa y'ukwo nkwiye kuvurwa (musabwe gusuzuma):

The following have a copy of my Advance Directive (please check):

Ikigo c'I Vermont kijejwe gufasha kwakira n'ukubika amabwirizwa y'ukwo umurwayi yipfuza kuzovurwa **Itariki vyandikiweko:**
Vermont Advance Directive Registry Date registered:

Uwuguserukira muvyo kwivuza
Health care agent

Umusubirizi w'uwuguserukira muvyo kuvurwa
Alternate health care agent

Dogiteri/Ikigo kikuvura:
Doctor/Provider(s):

Ibitaro:
Hospital(s):

Uwo/Abo mu muryango: Bavuge:
Family Member(s): Please list:

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Vermont Advance Directive Registry
Amategeko yo kwiyandikisha & Uruhusha rwo guhindura fomulaire
(Impapuro A & B bivanye n'amategeko agenga ico kigo c'i Vermont)

Vermont Advance Directive Registry
Registration Agreement & Authorization to Change Form
(Documents A & B per the Vermont Advance Directive Rule)

Kukurangira aho serivisi zihereye / Directions

- Soma amategeko agenga kwiyandikisha ku rupapuro rwa 3 hama wuzuze muni aho bijanye. Musabwe kwandika canke gusohozza ibibona. / Read the Registration Policy on page 3 and complete the relevant sections below. Please type or print clearly.
 - Abiyandikishije ubwambere:** Uzuza ibisabwa vyose kwuzuzwa & Igipapuro A.
First-time Registrants: Complete the Required Registrant Information & Document A.
 - Ukwandika ivyahindutse muvyo wari warujuje mu mabwirizwa y'ukwo usaba kwivuzwa:** Uzuza ibisabwa vyose kwuzuzwa & Igipapuro B. / *Updating an Advance Directive already on file: Complete the Required Registrant Information & Document B.*
- Shirako copi isinywe kandi ifise icabona y'amabwirizwa y'ukwo wipfuzwa kuvurwa.
Attach a signed and witnessed copy of your advance directive.
- Ukwiyandikisha **gutegerezwakubamwo** amategeko canke uruhusha rwo kwiyandikisha canke rwo guhindura ivyo wujuje rusinywe kandi rwujujwe hose hamwe na copi isinywe y'amabwirizwa y'ukwo usaba kuvurwa.
Registrations must include a completed and signed Registration Agreement or Authorization to Change form and a copy of the signed and witnessed advance directive document.
- Mu gihe ifishe zujujwe kandi zinasinywe, zirungike kuri email, kugasandugu ka posita **canke** fax:
Once forms are completed and signed, send forms by email, mail or fax:

E-mail ni kuri: VADRSubmissions@uslwr.com
E-mail to:

Canke ku gasandugu: Vermont Advance Directive Registry (VADR)
Or Mail to: PO Box 2789
Westfield, NJ 07091-2789

Canke Fax kuri: 908-654-1919
Or Fax to:

Mushaka kumenya vyinshi raba kuri: <http://healthvermont.gov/vadr/> canke uhamagare 1-888-548-9455
For additional information visit: <http://healthvermont.gov/vadr/> or call 1-888-548-9455

Amakuru akenewe ku wiyandikisha / Required Registrant Information

Izina: Amatazirano _____ Izina ryo hagati _____ Izina _____ Ingeruka _____
Name: First _____ Middle _____ Last _____ Suffix _____

Itariki y'amavuko: ____ / ____ / ____
Date of Birth:

Aho gushira ubutumwa hambere: _____
Primary Mailing Address:

Igisagara/Umuji: _____ **Intara:** _____ **Code ya Zip:** _____
Town/City: _____ State: _____ Zip code: _____

Nimero za terefone: lyukunze gukoresha (____) _____ - _____ **Ayandi:** (____) _____ - _____
Phone Number: Primary _____ Other: _____

Wipfuzwa ko tukwakura kuri e-mail? **Oya** **Ego**
Would you like to be contacted by e-mail? No Yes

Email yanyu: _____
Email Address:

Aho twokwandikira ha kabiri (nimba hahari): _____
Secondary Mailing Address (if applicable):

Igisagara/Umuji: _____ **Intara:** _____ **Code ya Zip:** _____
Town/City: _____ State: _____ Zip code: _____

Nimero z'uwo twohamagara ugize ikibazo / Emergency Contacts

Iyukunze gukoresha: Izina: _____
Primary: Name: _____

Ico mupfana n'uwiyandikishije: _____ Nimero za terefone: (____) _____ - _____
Relationship to Registrant: _____ Phone Number: _____

Iya kabiri: Izina: _____
Secondary: Name: _____

Ico mupfana n'uwiyandikishije: _____ Nimero za terefone: (____) _____ - _____
Relationship to Registrant: _____ Phone Number: _____

MENYA NEZA: Ibitanzwe vyose mu kwiwandikisha bitegerezwa kuba birimwo copi isinywe kandi irimwo icabona c'amabwirizwa y'ukwo wipfuzwa kuvurwa. Ibi bikora yaba kuwiyandikishije ubwa mbere canke uwuhindura.

NOTICE: All submissions to the Registry must include a signed and witnessed copy of the registrant's Advance Directive. This applies to both first-time submissions and updates to existing documents.

Urupapuro A: Amategeko ngenderwako yo kwiwandikisha
Document A: Registration Agreement

Uzuza runo ruhande mu gihe honyene ari ubwambere wiyandikishije.
Complete this section **only** if this is your first time registering your advance directive.

Jewe, _____ (**izina**) ndasavye ko amabwirizwa yo kuvurwa kwanje yandikwa mu kigo kibijewe c'i Vermont, kandi nkaba nemeye ko birabwa nkuko amategeko y'i Vermont abirekura. Mu gusigna aha hepfo, ndemeye kandi ndemeje ko: ivyo nujuje arivyo; nabisomye, nabitahuye, kandi ndemezanya n'amategeko yo kwiwandikisha; nzobika neza inimeru yo kwiwandikisha hamwe n'ikarata ndayibike ahanyegeje; kandi nzohita nandikira ababijewe mu gihe amakuru ahinduka muvuyo nari niyandikishije canke mu mabwirizwa y'ukwo novurwa. Ndashize mu ngiro bino nemeye mbishaka, atagahato canke kugoberwa, canke kwoshwa nabi n'uruhande urwarirwo rwose. Ndatahura ko uwariwe wese afise uburenganzira kw'ikarata yanje ashobora kuyikoresha kumvo z'ukuronka amakuru anyerekeye canke impapuro mba narashizeko. Runo ruhusha ruguma rukora gushika igihe ndabihinduriye.

I, _____ (**print name**) request that my advance directive be registered in the Vermont Advance Directive Registry, and authorize its access as allowed by Vermont law. By signing below, I acknowledge and affirm that: the information provided is accurate; I have read, understand, and agree to the terms of the Registry Registration Policy; I will safeguard my registrant identification number and wallet card from unauthorized access; and I will immediately notify the Registry in writing of changes to my registration information or advance directive. I execute this agreement voluntarily and without coercion, duress, or undue influence by any party. I understand that anyone who has access to my wallet card can use it to gain access to my documents and personal information. This authorization remains in effect until I revoke it.

Umukono w'uwiyandikishije: _____ **Itariki:** _____
Signature of Registrant: _____ Date: _____

Urupapuro B: Uruhusa rwo guhindura
Document B: Authorization to Change

Uzuza **mu gihe honyene** wamazwe kwiwandikisha ariko ukeneye guhindura amakuru akwerekereye wujuje ariko yahindutse.
Complete **only** if you are currently registered and making updates to an advance directive already on file with the registry.

Fyonda ako ko muni kerekeye ivyo wuzuza.
Check the box below that applies to your submission.

Hindura: Fyonda hano kugira uhindure amabwirizwa y'ukwo usaba kuvurwa. Urukurikirane ry'ivyo wagiye urashiramwo biguma muri dosiye yawe.
Amend: Check this box to amend your existing advance directive. Prior document history will be retained in your file.

Subiriza: Fyonda hano kugira usubirize amabwirizwa y'ukwo wasaba kuvurwa. Urukurikirane ry'ivyo wagiye urashiramwo ntibizoguma muri dosiye yawe.
Replace: Check this box to replace your existing advance directive. Prior document history will not be retained in your file.

Hagarika: Fyonda hano kugira ngo uhagarike ivy'imfatakibanza Advance directive yose canke igice cayo mu gihe runaka.
Suspend: Check this box to temporarily inactivate all or part of your advance directive for a defined period of time.

Itariki bitanguye: _____ **Itariki bihererako:** _____
Begin Date: _____ End Date: _____

Gukuraho: Fyonda hano mu gufuta ivyo wari warashizemwo. (Uku n'ugufuta vy'imfatakibanza)
Revoke: Check this box to delete your advance directive from the registry. (This is a permanent removal from the Registry)

Jewe, _____ (**izina**) ndemeje ko ino ifishe yerekana neza ivyo nahinduye, kandi izo mpinduka ni ukuri. Kandi, Ndatanze uruhusha ko ivyahindutse vyoshirwa mu mabwirizwa yanje y'ukwo nipfuzwa kuvurwa. Umukono

I, _____ (**print name**) certify that this form accurately represents the changes I have made, and these changes are accurate. Additionally, I authorize the changes to be reflected in the Advance Directive Registry.

Umukono w'uwiyandikishije: _____ **Itariki:** _____
Signature of Registrant: _____ Date: _____

Amategoko yo kwiandikisha/ Registration Policy

Urupapuro rwa Advance directive: ni urupapuro rwemewe n'amategoko rurimwo ukwo umuntu yipfuzza kuvurwa hamwe n'ivyo yipfuzza ageze ku mpfiro akenshi aba atakibasha canke atoshobora gufata ingingo nkizo iyo ico gihe kigeze. Ikigo c'i Vermont co kwiandikisha ni umuhora ufasha abantu kwiandikisha bagashiramwo mu mutekano ntangere copi y'ukwo basaba kwivuzza mu bihe bitoroshe. Uwo muhora ubika amakuru bashizemwo urashobora gusuzumwa n'abajejwe ivy'amagara meza, abatanga serivisi mugusanga abarwayi mu mihana, abajejwe ivyo guhamba, hamwe n'aboza ibiziga. Kumenya vyinshi, raba: <http://healthvermont.gov/vadr/>.

An advance directive is a legal document that conveys a person's wishes regarding their health care treatment and end of life choices should they become incapacitated or otherwise unable to make those decisions. The Vermont Advance Directive Registry is a database that allows people to electronically store a copy of their advance directive document in a secure database. That database may be accessed when needed by authorized health care providers, health care facilities, residential care facilities, funeral directors, and crematory operators. For more information, visit: <http://healthvermont.gov/vadr/>.

1. Mu kwandikisha Advance directive, uwiandika ategerezwa kwuzuzza n'ukurungika amategoko yo kwiandikisha yasigne hamwe na copi y'urupapuro rwa "advance directive" kuri:

To register an advance directive, the registrant must complete and send the Registration Agreement form along with a copy of the advance directive document to:

The Vermont Advance Directive Registry
PO Box 2789
Westfield, New Jersey 07091-2789

2. Amategoko yo kwiandikisha asigne amaze gutangwa, Abayakira baraha bakinjiza mu nyabwonko "advance directive" hamwe n'amakuru yandi yose watanganye. Abajejwe kuvyakira bazoheza bakurungikire ikete ryemeza ko wiyandikishije harimwo n'inimero yo kwiandikisha, ibijanye n'ukwo ukoresha inimero yo kwiandikisha kugira uje mu bipapuro watanze ku muhora, ikarata yawe hamwe n'agapapuro umadika ku ruhusha rwo gutwara umuduga canke ikarata ya asiransi. Kwiandikisha ntibiba birakorwa kugeza igihe habonetse ikete ibikwemeza n'ibikoresho vyo kwiandikisha vyakozwe n'abiyandikishije.

Upon receipt of the Registration Agreement and attachments, the Registry will scan the advance directive and store it in the database along with registrant identifying information from the Registration Agreement. The Registry will send a confirmation letter to the registrant along with a registration number, instructions for using the registration number to access documents at the Registry website, a wallet card, and stickers to affix to a driver's license or insurance card. The registration is not effective until receipt of the confirmation letter and registration materials is made by registrant.

3. Abiyandikishije basabwe gutanga inimero zo kwiandikisha ziri kw'ikarata ku muntu wese ashobora kuraba "advance directive" yabo: akarorero, ni nk'uwuguserukira, uwo mu muryango, canke dogiteri wawe. Umuntu wese arashobora kuraba "advance directive" yawe akoresheje inimero zo kwiandikisha. Kandi, mu gihe inimero zo kwiandikisha zidasomeka, umuyobozi w'ivy'amagara meza abifitiye uburenganzira arashobora kurondera mu bubiko "advance directive" y'umuntu ashaka akoresheje umwidondoro y'uwiandikishije.

Registrants should share the registration number from the wallet card with anyone that should have access to their advance directives: for example, the registrant's agent, family members, or physician. Anyone may access a person's advance directive using the registration number. Additionally, when the registration number is not readily available, an authorized health care provider can search the Registry for a specific person's advance directive using a registrant's personal identifying information.

4. Uwiandikishije niwe ategerezwa gukurikirana ko:

The registrant is responsible for ensuring that:

- a. "Advance directive" yiwe ikurikijwe neza nkuko amategoko y'i Vermont abisaba.
The advance directive is properly executed in accordance with the laws of the state of Vermont.
 - b. Copi ya "advance directive" yarungitswe neza, nimba fotokopi ya orijinare ariyo kandi isomeka neza.
The copy of the advance directive sent to the Registry, if a photocopy of the original, is correct and readable.
 - c. Amakuru yo ku "amategoko yo kwiandikisha" hamwe na "advance directive" ariyo kandi ari ku gihe.
The information in both the Registration Agreement and advance directive documents is accurate and up to date.
 - d. Igisata kivyakira kiramenyeshwa vuba bwango ikintu cose cahindutse kuri "advance directive" canke ku makuru yo kwiandikisha mu kwuzuzza n'ugusaba uruhusha rwo guhindura ifishe hamwe n'impinduka zongeweho, canke bikaba na vyiza, harimwo na kopi ya "advance directive".
The Registry is notified as soon as possible of any changes to the advance directive or registration information by completing and submitting an Authorization to Change form with the changes appended, or preferably, with an updated copy of the advance directive to the Registry.
5. Kwiandikisha ubwa mbere hamwe n'uguhindura no gushiramwo amakuru yahindutse canke urupapuro rwa "advance directive" ni kwa gusa.
Initial registration as well as subsequent changes and updates to the registration information or the advance directive documents are free of charge.
 6. Amategoko yo kwiandikisha aguma ari ayo nyene akora gushika igihe igisata kijejwe kuvyakira bita "Registry" kironse ayandi makuru yizewe ko uwiandikishije yitavye imana, canke yanditse urwete ko ayo amategoko ayahagaritse. Mu gihe ayo amategoko ayahagaritse, abasanzwe babika ayo makuru baraha bagakuraho "advance directive" yiwe mu bubiko bw'inyabwonko, kandi urwo urupapuro ntirubwirako kubonwa.
The Registration Agreement shall remain in effect until the Registry receives reliable information that the registrant is deceased, or the registrant requests in writing that the Registration Agreement be terminated. When the Agreement is terminated, the Registry will remove registrant's advance directive from the Registry database, and the file will no longer be accessible to providers.
 7. Abajejwe kuvyakira n'ububiko nibo bonyene bashobora guhindura amategoko ngenderwako yo kwiandikisha.
Only the Registry can change the terms of the Registration Agreement.