

Life-Prolonging Procedures Declaration

Declaration made this day _____ day of _____ (month, year).

I, _____, being at least eighteen (18) years old and of sound mind, willfully and voluntarily make known my desires that if at any time I have an incurable injury, disease or illness determined to be a terminal condition, I request the use of life-prolonging procedures that would extend my life. This includes appropriate nutrition and hydration, and the administration of medications, and performance of all other medical procedures necessary to extend my life, to provide comfort care or to alleviate pain.

Other instructions:

In absence of my ability to give directions regarding the use of life-prolonging procedures, it is my intention that this declaration be honored by my family and physician as the final expression of my legal right to request medical or treatment and accept the consequences of the refusal.

I understand the full import of this declaration.

Signed _____

City, County and State of Residence _____

The declarant has been personally known to me, and I believe him/her to be of sound mind. I did not sign the declarant's signature above for or at the direction of the declarant. I am not a parent, spouse or child of the declarant. I am not entitled to any part of the declarant's estate or directly financially responsible for the declarant's medical care. I am competent and at least eighteen (18) years of age.

Witness _____ Date _____

Witness _____ Date _____