

DECLARATION of _____

If I should have an incurable or irreversible condition that will cause my death within a relatively short time, it is my desire that my life not be prolonged by administration of life-sustaining procedures.

If my condition is terminal and I am unable to participate in decisions regarding my medical treatment, I direct my attending physician to withhold or withdraw procedures that merely prolong the dying process and are not necessary to my comfort or to alleviate pain.

I do do not desire that nutrition or hydration (food and water) be provided by gastric tube or intravenously if necessary.

Signed this _____ day of _____, 19_____

Signature:

Place of signing: _____

The declarant is known to me and voluntarily signed or voluntarily directed another to sign this document in my presence

Witness:

Signature

Address:

Signature

Address:

State of _____

_____ Judicial District

The foregoing instrument was acknowledged before me this _____, 19_____ by _____.

Signature of person taking acknowledgment