

STATUTORY DECLARATION IN CONFORMANCE WITH ARIZONA MEDICAL  
TREATMENT DECISION ACT, AZ. REV. STAT. 36-3202

DECLARATION OF \_\_\_\_\_

Declaration made this \_\_\_\_\_ day of \_\_\_\_\_  
19\_\_\_\_\_. I, \_\_\_\_\_, being of sound mind, willfully and  
artificially prolonged under the circumstances set forth below  
and declare that:

If at any time I should have an incurable injury,  
disease, or illness certified to be a terminal condition by  
two physicians who have personally examined me, one of whom  
is my attending physician, and the physicians have determined  
that my death will occur unless life-sustaining procedures are  
used and if the application of life-sustaining procedures would  
serve only to artificially prolong the dying process, I direct  
that such procedures be withheld or withdrawn, and that I be  
permitted to die naturally with only the administration of  
medication, food or fluids or the performance of any medical  
procedures deemed necessary to provide me with comfort care.

In the absence of my ability to give directions  
regarding the use of such life-sustaining procedures, it is  
my intention that this declaration shall be honored by my  
family and physicians as the final expression of my legal right  
to refuse medical or surgical treatment and accept the  
consequences from such refusal.

I understand the full import of this declaration and  
I have the emotionally and mental capacity to make this  
declaration.

\_\_\_\_\_  
City of residence: \_\_\_\_\_  
County of residence: \_\_\_\_\_  
State of residence: \_\_\_\_\_

Date: \_\_\_\_\_

The declarant has been personally known to me and  
I believe him or her to be of sound mind.

Witness \_\_\_\_\_

Witness \_\_\_\_\_

Date: \_\_\_\_\_