

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

Declaration made this \_\_\_\_\_ day of \_\_\_\_\_  
19\_\_\_\_\_. I \_\_\_\_\_ willfully and voluntarily  
make known my desire that my dying shall not be artificially  
prolonged under the circumstances set forth below, do hereby  
declare:

If at any time I should have a terminal condition,  
and if my attending physician has determined that there can  
be no recovery from such condition and my death is imminent,  
I direct that such procedures be withheld or withdrawn, and  
that I be permitted to die naturally with only the  
administration of medication or the performance of any medical  
procedure deemed necessary to provide me with comfort care or  
to alleviate pain.

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 for such refusal.

If I have been diagnosed as pregnant and that  
diagnosis is known to my physician, this declaration shall have  
no force or effect during the course of my pregnancy.

I understand the full import of this declaration and  
I am emotionally and mentally competent 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: \_\_\_\_\_