

DECLARATION

A. Statement of Declarant

Declaration made this _____ day of

_____, 19____. I, _____ being of sound mind, willfully and voluntarily make known my desire that my dying shall not be artificially prolonged under the circumstances set forth below, and do hereby declare:

If at any time I should have an incurable or irreversible condition certified to be terminal by two physicians who have personally examined me, one of whom shall be my attending physician, and the physicians have determined that I am unable to make decisions concerning my medical treatment, and that without administration of life-sustaining treatment my death will occur in a relatively short time, and where the application of life-sustaining procedures would serve only to prolong artificially the dying process, I direct that such procedures be withheld or withdrawn, and that I be permitted to die naturally with only the administration of medication, nourishment, or fluids or the performance of any medical procedure deemed necessary to provide me with comfort or to alleviate pain.

I understand the full import of this declaration and I am emotionally and mentally competent to make this declaration.

Signed:

STATE OF _____

COUNTY OF _____

B. Statement of Witnesses

I am at least 18 years of age and
-not related to the declarant by blood, marriage or adoption; and
-not the attending physician, an employee of the attending physician, or an employee of the medical care facility in which the declarant is a patient.

The declarant is personally known to me and I believe the declarant to be of sound mind.

Witness:

Address:

Witness:

Address:

C) Notarization

Subscribed, sworn to and acknowledged before me by _____, the declarant, and subscribed and sworn to before me by

_____ and _____, witnesses, this

_____ day of _____, 19_____.

Official Capacity: _____