

STATUTORY DECLARATION IN CONFORMANCE WITH ILLINOIS NATURAL DEATH ACT, IL. STAT. 110 1/2 PARAGRAPH 703

DECLARATION OF _____

This declaration is made this _____ day of _____ 19_____. I _____, being of sound mind, willfully and voluntarily make known my desires that my moment of death shall not be artificially postponed.

If at any time I should have an incurable and irreversible injury, disease, or illness judged to be a terminal condition by my attending physicians who has personally examined me, and has determined that my death is imminent except for death delaying procedures, I direct that such procedures which would serve only to prolong the dying process be withheld or withdrawn, and that I be permitted to die naturally with only the administration of medication, sustenance, or the performance of any medical procedure deemed necessary to provide me with comfort care.

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

City of Residence: _____
County of Residence: _____
State of Residence: _____

Date: _____

Witness _____

Witness _____

Date: _____