

DECLARATION

If I should have an incurable or irreversible condition that will cause my death within a short time, and if 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 freedom from pain.

Signed this \_\_\_\_\_ day of \_\_\_\_\_  
date month year

Signature \_\_\_\_\_

The declarant is known to me and voluntarily signed this document in my presence.

Witness \_\_\_\_\_

Address:

Witness \_\_\_\_\_

Address: