

INSTRUCTIONS

PRINT THE DATE

Declaration made this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

PRINT YOUR  
NAME

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 injury, disease, or illness certified to be a terminal and irreversible condition by two physicians who have personally examined me, one of whom shall be my attending physician, and the physicians have determined that my death will occur whether or not life - sustaining procedures are utilized and where the application of life - sustaining procedures would serve only to prolong artificially the dying process of the patient and therefore, I direct that such procedures be withheld or withdrawn and that I be permitted to die naturally with only the administration of medication or the performance of any medical procedure deemed necessary to provide me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.

ADD ANY  
PERSONAL  
INSTRUCTIONS

Other directions:

INSTRUCTIONS

PRINT YOUR  
NAME

PRINT THE NAME  
AND ADDRESS OF  
YOUR AGENT

SIGN THE  
DOCUMENT AND  
PRINT YOUR  
PLACE OF  
RESIDENCE

WITNESSES MUST  
SIGN HERE  
-WITNESSES  
CANNOT BE  
RELATED BY  
BLOOD  
-WITNESSES  
CANNOT BE  
ENTITLED TO ANY  
PORTION OF YOUR  
ESTATE

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 physician(s) as the final expression of my legal right to refuse medical or surgical treatment and accept the consequences from such refusal.

Designation Clause

I, \_\_\_\_\_,

authorize \_\_\_\_\_,

residing at \_\_\_\_\_,

to make all medical treatment decisions for me, including decisions to withhold or withdraw any form of life-sustaining procedure on my behalf should I be (1) diagnosed as suffering from a terminal and irreversible condition and (2) comatose, incompetent or otherwise mentally or physically incapable of communication. I have discussed my desires concerning terminal care with my agent named above, and I trust his/her judgment on my behalf. I understand that if I have not filled in any name in this clause or if the agent I have chosen is unavailable or unwilling to act on my behalf, my declaration will nevertheless be given effect should the above-discussed circumstance arise. I understand the full import of this declaration and I am emotionally and mentally competent to make this declaration.

Signed \_\_\_\_\_

City, Parish and State of Residence \_\_\_\_\_

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

Witness \_\_\_\_\_  
*Printed Name* *Signature*

Witness \_\_\_\_\_  
*Printed Name* *Signature*