



**NEW JERSEY LIVING WILL AND HEALTH CARE
SURROGATE DECLARATION**

On this _____ day of _____, 20____, I, (print name)

of _____
(mailing address)

_____ (city and state) _____ (zip)

Social Security Number _____ (phone)

Willfully and voluntarily make known my desire that my dying not be artificially prolonged under the circumstances set forth below, and I do hereby declare that, if at any time I am mentally or physically incapacitated and

- _____ (Initial) I have a terminal condition, or
- _____ (Initial) I have an end-stage condition, or
- _____ (Initial) I am in a persistent vegetative state
- _____ (Initial) I do not want to be tube fed

and if my attending or treating physician and another consulting physician have determined that there is no reasonable medical probability of my recovery from such condition, I direct that life-prolonging procedures be withheld or withdrawn when the application of such procedures would serve only to prolong artificially the process of dying, and that I be permitted to die naturally with only the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. It is my intention that this declaration be honored by my family and physicians as the final expression of my legal right to refuse medical or surgical treatment and to accept the consequences for such refusal. In the event that I have been determined to be unable to provide expressed and informed consent regarding the withholding, withdrawal, or continuation of life-prolonging procedures, I wish to designate, as my health care representative to carry out the provisions of this declaration:

Name _____

Address _____

Phone _____

Alternate:

Name _____

Address _____

Phone _____

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

Declarant's Signature

1 Witness Signature

Address

2 Witness Signature

Address

Before me, on this ____ day of _____ 20____ , personally appeared :

Declarant _____ whose

I.D. is _____

#1Witness _____ whose

I.D. is _____

#2Witness _____ whose

I.D. is _____

to be the Declarant and Witnesses, respectfully, whose names are signed to the forgoing instrument, and who, in the presence of each other, did freely subscribe their names to the Declaration (Living Will) on this date, and that each was over the age of majority and of sound mind, and the witnesses do attest and affirm that the Declarant is of sound mind and free of duress and undue influence. Neither witness is named as Declarant's designated health care representative.

Notary Public

My Commission Expires: