

**DOCUMENT CONCERNING WITHHOLDING OR WITHDRAWAL
OF LIFE SUPPORT SYSTEMS.**

If the time comes when I am incapacitated to the point when I can no longer actively take part in decisions for my own life, and am unable to direct my physician as to my own medical care, I wish this statement to stand as a testament of my wishes.

I, _____ (Name), request that, if my condition is deemed terminal or if it is determined that I will be permanently unconscious, I be allowed to die and not be kept alive through life support systems. By terminal condition, I mean that I have an incurable or irreversible medical condition which, without the administration of life support systems, will, in the opinion of my attending physician, result in death within a relatively short time. By permanently unconscious I mean that I am in a permanent coma or persistent vegetative state which is an irreversible condition in which I am at no time aware of myself or the environment and show no behavioral response to the environment.

The life support systems which I do not want include, but are not limited to:

- Artificial respiration
- Cardiopulmonary resuscitation
- Artificial means of providing nutrition and hydration

(Cross out and initial life support systems you want administered)

I do not intend any direct taking of my life, but only that my dying not be unreasonably prolonged."

Other specific requests:

This request is made, after careful reflection, while I am of sound mind.

_____ (Signature)
_____ (Date)

This document was signed in our presence, by the above-named
_____, (Name) who appeared to be eighteen
years of age or older, of sound mind and able to understand the nature and consequences
of health care decisions at the time the document was signed.

_____ (Witness)

_____ (Address)

_____ (Witness)

_____ (Address)
