## <u>LIFE PROLONGING PROCEDURES DECLARATION</u> (IC 16-36-4-11)

	Declaration made this	_ day of	2	.0	(month,	year). I
injury, disease, or illness determined to be a terminal condition I request the use of prolonging procedures that would extend my life. This includes appropriate nutrition hydration, the administration of medication, and the performance of all other medical procedure necessary to extend my life, to provide comfort care, or to alleviate pain.  In the absence of my ability to give directions regarding the use of life prolonging procedure is my intention that this declaration be honored by my family and physician as the flexpression of my legal right to request medical or surgical treatment and accept consequences of the request.  I understand the full import of this declaration.  Signed		, being	at least eighteen (18	) years of	f age and	of sound
prolonging procedures that would extend my life. This includes appropriate nutrition hydration, the administration of medication, and the performance of all other medical procedure necessary to extend my life, to provide comfort care, or to alleviate pain.  In the absence of my ability to give directions regarding the use of life prolonging procedure is my intention that this declaration be honored by my family and physician as the fexpression of my legal right to request medical or surgical treatment and accept consequences of the request.  I understand the full import of this declaration.  Signed	mind, willfully and voluntari	ly make known	my desire that if at a	ny time I	have an	incurable
hydration, the administration of medication, and the performance of all other medical procedencessary to extend my life, to provide comfort care, or to alleviate pain.  In the absence of my ability to give directions regarding the use of life prolonging procedure is my intention that this declaration be honored by my family and physician as the fexpression of my legal right to request medical or surgical treatment and accept consequences of the request.  I understand the full import of this declaration.  Signed	injury, disease, or illness de	etermined to be	a terminal condition	n I reque	est the us	se of life
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	Witness			_ Date		
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