

# **DECLARATION**

(Rhode Island General Laws § 23-4.11-3)

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, do hereby declare:

If I should have an incurable or irreversible condition that will cause my death within a relatively short time, and if I am unable to make 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 to alleviate pain.

This authorization includes () does not include () the withholding or withdrawal of artificial feeding (check only one box above).

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

Date: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Witness Signature: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Print Name:

Date: \_\_\_\_\_