

LIVING WILL DECLARATION

I, (NAME)

of (ADDRESS)

being of sound mind, willfully and voluntarily make this declaration to be followed if I become incompetent or otherwise incapable of expressing my decision concerning my medical treatment.

This declaration reflects my firm and settled commitment to refuse life-sustaining treatment under the circumstances indicated below.

I direct my attending physician, or whomever may be involved in such a decision, to withhold or withdraw life-sustaining treatment that serves only to prolong the process of my dying, if I should be in a terminal condition, a persistent vegetative state, irreversible coma or in a state of permanent unconsciousness.

Unless I indicate to the contrary in the paragraphs below, I direct that treatment be limited to measures to keep me comfortable and to relieve pain, including any pain that might occur by withholding or withdrawing life-sustaining treatment.

In addition, if I am in the condition described above, I hereby make the following advance directions about the following forms of treatment:

I ___ DO ___ DO NOT want cardiac resuscitation or a cardiac pacemaker.

I ___ DO ___ DO NOT want blood or blood products.

I ___ DO ___ DO NOT want tube feeding or any other artificial or invasive form of nutrition (food) or hydration (water).

I ___ DO ___ DO NOT want mechanical respiration.

I ___ DO ___ DO NOT want kidney dialysis.

I ___ DO ___ DO NOT want antibiotics.

I ___ DO ___ DO NOT want any form of surgery or invasive diagnostic tests.

I ___ DO ___ DO NOT want receipt of an organ.

I realize that if I do not specifically indicate my preference regarding any of the forms of treatment listed above, I may receive that form of treatment.

OTHER INSTRUCTIONS:

I ___ DO ___ DO NOT want to designate another person as my surrogate to make medical treatment decisions for me if I should become incompetent and in a terminal condition or in a state of permanent unconsciousness.

Name of surrogate (if applicable):

The declarant or the person on behalf of and at the direction of the declarant knowingly and voluntarily signed this writing by signature or mark in my presence.

I made this declaration on the
___ day of _____, 20_____ .

Declarant's signature
Declarant's address:

Witness' signature

Witness' signature

Witness' address

Witness' address