

Life-Prolonging Procedures Declaration

Declaration made this ____ day of _____ (month, year).

I, _____, being at least eighteen (18) years of age and of sound mind, willfully and voluntarily make known my desire that if at any time I have an incurable injury, disease or illness determined to be a terminal condition, I request the use of life-prolonging procedures that would extend my life. This includes appropriate nutrition and hydration, the administration of medication, and the performance of all other medical procedures 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 procedures, it is my intention that this declaration be honored by my family and physician as the final expression of my legal right to request medical or surgical treatment and accept the consequences of the request.

I understand the full impact of this declaration.

Signed _____ Date _____ Time _____

City, County and State of Residence

The declarant has been personally known to me and I believe him or her to be of sound mind. I am competent and at least eighteen (18) years of age.

Witness _____ Date _____ Time _____

Witness _____ Date _____ Time _____