

DECLARATION

LIVING WILL

(My specific direction to my family and health care providers)

I, _____, being of sound mind, and at least 18 years of age, wilfully and voluntarily make this declaration to be followed if I become incompetent. This declaration reflects my firm and settled commitment to refuse life-sustaining treatment under the circumstances indicated below.

I direct my attending physician 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 or in a state of persistent unconsciousness.

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 feel especially strong about the following forms of treatment:

I () do () do not want cardio-pulmonary resuscitation.

I () do () do not want electrocardioversion.

I () do () do not want mechanical respiration.

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 blood or blood products.

I () do () do not want any form of surgery or invasive diagnostic tests.

I () do () do not want kidney dialysis.

I () do () do not want antibiotics.

I () do () do not want to make an anatomical gift of any part of my body, subject to the following limitation, it any _____.

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.

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

Declarant's signature: _____

Declarant's address: _____

Declarant's phone: _____

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.

Witness's signature: _____

Witness's address: _____

Witness's phone: _____

Witness's signature: _____

Witness's address: _____

Witness's phone: _____