Declaration made this _____ day of _____ , 20 ____ , I, _____ (name), willfully and voluntarily, make known my desire that my dying not be artificially prolonged under the circumstances set forth below, and I do hereby declare that, if at any time I am incapacitated and

_____ (initial) I have a terminal condition,

or _____ (initial) I have an end-stage condition,

or _____ (initial) I am in a persistent vegetative state,

and if my primary physician and another consulting physician have determined that there is no reasonable medical probability of my recovery from such condition, I direct that life-prolonging procedures be withheld or withdrawn when the application of such procedures would serve only to prolong, artificially, the process of dying, and that I be permitted to die naturally with only the administration of medication or the performance of any medical procedure deemed necessary to provide me with comfort care or to alleviate pain.

It is my intention that this declaration be honored by my family and physician as the final expression of my legal right to refuse medical or surgical treatment and to accept the consequences for such refusal and that this form be honored at any health care facility (or any residence where I may be receiving health care) in any state or territory within the United States of America.

In the event that I have been determined to be unable to provide express and informed consent regarding the withholding, withdrawal, or continuation of life-prolonging procedures, I understand that I may request a Designation of Health Care Surrogate Form to designate an individual to serve as my surrogate to take whatever steps are reasonably necessary to ensure that the provisions of this declaration are followed.

I understand the full import of this declaration, and I am emotionally and mentally competent to make this declaration.

Additional Instructions (optional): _____

_____

(Signed): _____ Date: _____ Time: _____

Witness: _____ Date: _____ Time: _____

Address: _____ Phone: _____

Witness: _____ Date: _____ Time: _____

Address: _____ Phone: _____

*At least one person who acts as a witness shall be neither the principal's spouse nor blood relative.