

The following is the Advance Directive for Health Care statutory form:

DECLARATION

I, _____, being of sound mind, willfully 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 permanent 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 cardiac resuscitation

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 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 be incompetent and in a terminal condition or in a state of permanent unconsciousness.

Name and address of surrogate (if applicable):

Name and address of substitute surrogate (if surrogate designated above is unable to serve):

I do _____ do not _____ want to make an anatomical gift of all or part of my body,

Subject to the following limitations, if any:

I made this declaration on the _____ day of _____ (month, year)

Declarant: _____

Signature: _____

Address: _____

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: _____

Signature: _____

Address: _____

Witness: _____

Signature: _____

Address: _____