

DECLARATION

THIS DECLARATION is made on this _____ day of _____, _____, declarant wishing to take advantage of the provisions of Sections 1299.58.1, *et seq.*, of Title 40 of the Louisiana Revised Statutes of 1950, as amended, said declaration being in the following words, to-wit:

I, _____, a resident of the full age of majority of the City of _____, Parish of _____, State of _____, knowing how to sign my name and how to read and being physically able to read, and being of sound mind, do willfully and voluntarily make known my desire that my dying shall not be artificially prolonged under the circumstances set forth below and do hereby declare:

If at any time I should have an incurable injury, disease or illness, or be in a continual profound comatose state with no reasonable chance of recovery, certified to be a terminal and irreversible condition by two physicians who have personally examined me, one of whom shall be my attending physician, and the two physicians have determined that my death will occur whether or not life-sustaining procedures are utilized and where the application of life-sustaining procedures would serve only to prolong artificially the dying process, I direct (initial one only):

_____ That all life-sustaining procedures, including nutrition and hydration, be withheld or withdrawn so that food and water will not be administered invasively.

_____ That all life-sustaining procedures, except nutrition and hydration, be withheld or withdrawn so that food and water can be administered invasively.

I further direct 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.

It is my intention that this declaration shall be honored by my family and physician(s) as the final expression and exercise of my desires and legal rights.

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

This Declaration is executed by me on the date herein first above written, in the presence of _____ and _____, two competent witnesses who are not related to me by blood or marriage and who would not be entitled to any portion of my estate upon my death.

PRINT NAME: _____

The declarant has been personally known to us and we believe declarant to be of sound mind.

WITNESSES:

