

CITY OF _____
PARISH OF _____
STATE OF LOUISIANA

DECLARATION CONCERNING LIFE-SUSTAINING PROCEDURES

This Declaration made pursuant to Louisiana Revised Statute 40: 1151.2, et seq. this
_____ day of _____, 20_____.

I, _____ (please print
your full name), being of sound mind, 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 physicians have determined that my death will occur whether or
not life-sustaining procedures are utilized and where the application of life-sustaining procedure
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withheld or withdrawn so that food and water will not be administered invasively.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 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withdrawn so that food and water can be administered invasively.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.

In the absence of my ability to give directions regarding the use of such life-sustaining
procedures, it is my intention that this Declaration shall be honored by my family and physician(s)
as the final expression of my legal right to refuse medical or surgical treatment and accept the
consequences from such refusal.

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

Signed at _____ (City), Louisiana on the date hereinabove set
forth.

PRINT YOUR NAME

SIGNATURE

The Declarant has been personally known to me and I believe her to be of sound mind.

Witnesses:

PRINT

PRINT

SIGNATURE

SIGNATURE

SIGNATURE OF NOTARY

PRINTED NAME OF NOTARY: _____

NOTARY PUBLIC, ID #: _____

My Commission Expires: _____