Life-Prolonging Procedure Declaration

Indiana Code 16-36-4-11

Declaration made this_____ day of _____ (month, year).

I, _____ being at least eighteen (18) years old and of sound mind, willfully and voluntarily make known my desire that if at any time I have an incurable injury, disease, or illness determined to be a terminal condition, I request the use of life-prolonging procedures that would extend my life. This includes appropriate nutrition and hydration, the administration of medication, and the performance of all other medical procedures necessary to extend my life, to provide comfort care, or to alleviate pain.

In the absence of my ability to give directions regarding the use of life-prolonging procedures, it is my intention that this declaration be honored by my family and physician as the final expression of my legal right to request medical or surgical treatment and accept the consequences of the request.

I understand the full import of this declaration.

X_____	___-___-____	X_____.
Signature	SS Number	Date

_____

City, County, and State of Residence

The declarant has been personally known to me and I believe (him/her) to be of sound mind. I am competent and at least eighteen (18) years old.

_____	_____
Witness Signature	Date
_____	_____
Witness Signature	Date