

**LIVING WILL DECLARATION
(Relative)**

Declaration made this _____ day of _____ 20 ____.

I, _____, the _____
(Relation)

Of _____ being of sound mind, willfully and voluntarily make
Known my desire that _____ dying shall not be
(Patient)

artificially prolonged under the circumstances set forth below and do hereby declare that I have been informed that the patient has an incurable injury, disease, or illness certified to be a terminal and irreversible or profoundly comatose condition by two physicians who have personally examined the patient, one of whom is the attending physician, and the physicians have determined that the patient's death will occur whether or not life – sustaining procedures are utilized and that the application of life-sustaining procedures would serve only to prolong artificially the dying process, I direct that the following action be taken:

_____ *That all life-sustaining procedures, including nutrition and hydration, be with held or withdrawn so that food and water will not be administered invasively.*

_____ *That life-sustaining procedures, except nutrition and hydration, be with held or withdrawn so that food and water can be administered invasively.*

And that _____ be permitted to die naturally with only the
(Patient)

administration of medication or the performance of any medical procedure deemed necessary to provide the patient with comfort care.

I understand the full importance of this declaration, that I may revoke it any time, and certify that I am emotionally and mentally competent to make this declaration on behalf of _____, who is incapable of making this decision.
(Patient)

Signed: _____

Signed: _____

Relationship: _____

Relationship: _____

Date: _____ Time: _____

Date: _____ Time: _____

City, Parish and State of Residence

City, Parish and State of Residence

The declarant(s) has been personally known to me and I believe him or her to be of sound mind.

Witness

Date/Time

Witness

Date/Time

**LIVING WILL DECLARATION
(Patient)**

Declaration made this _____ day of _____, 20 ____.

I, _____, 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 or a profoundly comatose state 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 would serve only to prolong artificially the dying process. I direct that the following action be taken:

(Check one)

_____ 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 importance of this declaration, that I may revoke it at any time, and certify that I am emotionally and mentally competent to make this decision.

SS#: _____ Signed: _____
(Declarant)

DOB: _____ Date: _____

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

Witness Date/Time

Witness Date/Time