

INDIANA LIFE PROLONGING PROCEDURES DECLARATION (07/2023)

IC 16-36-4

This declaration is effective on the date of execution and remains in effect until revocation or the death of the declarant. This declaration should be provided to your physician.

LIFE PROLONGING PROCEDURES DECLARATION

Declaration made this _____ day of _____ (month, year). I, _____, being at least eighteen (18) years of age 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.

Signed _____

City, County, and State of Residence

WITNESSES OR NOTARY

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 of age.

Witness _____ Date (month, day, year) _____

Witness _____ Date (month, day, year) _____

State of Indiana _____)

County of _____) SS:

Before, me, a Notary Public in and for said county and State, personally appeared _____, known to me to be the person identified as the declarant in the foregoing Declaration, and who, being by me duly sworn, acknowledged that they executed the foregoing Declaration as their voluntary act for the purposes stated therein.

Witness my hand and Notarial Seal this _____ day of _____, 20_____.

Notary Public _____

Notary's name printed: _____

Commission Number _____

My Commission Expires: _____

Resident of _____ County