

**INDIANA LIFE-PROLONGING PROCEDURES DECLARATION**

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**DECLARATION B**

**TO REQUEST THE USE OF LIFE-PROLONGING PROCEDURES**

INSTRUCTIONS

PRINT THE DATE

Declaration made this \_\_\_\_\_ day of \_\_\_\_\_.  
(day) (month, year)

PRINT YOUR NAME

I, \_\_\_\_\_,  
(name)

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 importance of this declaration.

SIGN AND PRINT  
YOUR PLACE OF  
RESIDENCE

Signed \_\_\_\_\_

City, County, and State of Residence \_\_\_\_\_

WITNESSING  
PROCEDURE

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.

WITNESSES MUST  
SIGN AND DATE  
YOUR DOCUMENT

Witness \_\_\_\_\_

Date \_\_\_\_\_

Witness \_\_\_\_\_

Date \_\_\_\_\_