

INSTRUCTIONS

PENNSYLVANIA DECLARATION

**PRINT YOUR
NAME**

I, _____, being of sound mind, willfully and voluntarily make this declaration to be followed if I become incompetent. This declaration reflects my firm and settled commitment to refuse life-sustaining treatment under the circumstances indicated below.

I direct my attending physician to withhold or withdraw life-sustaining treatment that serves only to prolong the process of my dying, if I should be in a terminal condition or in a state of permanent unconsciousness.

I direct that treatment be limited to measures to keep me comfortable and to relieve pain, including any pain that might occur by withholding or withdrawing life-sustaining treatment.

**CHECK THE
OPTIONS WHICH
REFLECT YOUR
WISHES**

In addition, if I am in the condition described above, I feel especially strongly about the following forms of treatment:

I () do () do not want cardiac resuscitation.

I () do () do not want mechanical respiration.

I () do () do not want tube feeding or any other artificial or
invasive form of nutrition (food) or hydration (water).

I () do () do not want blood or blood products.

I () do () do not want any form of surgery or invasive diagnostic
tests.

I () do () do not want kidney dialysis.

I () do () do not want antibiotics.

I realize that if I do not specifically indicate my preference regarding any of the forms of treatment listed above, I may receive that form of treatment.

**ADD PERSONAL
INSTRUCTIONS
(IF ANY)**

Other instructions:

APPOINTING A SURROGATE

Surrogate decisionmaking:

I () do () do not want to designate another person as my surrogate to make medical treatment decisions for me if I should be incompetent and in a terminal condition or in a state of permanent unconsciousness.

Name: _____

Address: _____

Phone: _____

Name and address of substitute surrogate (if surrogate designated above is unable to serve):

Name: _____

Address: _____

Phone: _____

I made this declaration on the _____ day of _____.
(day) *(month, year)*

Declarant's signature: _____

Declarant's address: _____

The declarant, or the person on behalf of and at the direction of the declarant, knowingly and voluntarily signed this writing by signature or mark in my presence.

Witness's signature: _____

Witness's address: _____

Witness's signature: _____

Witness's address: _____

PRINT THE NAME, ADDRESS AND PHONE NUMBER OF YOUR SURROGATE

PRINT THE NAME, ADDRESS AND PHONE NUMBER OF YOUR ALTERNATE SURROGATE

PRINT THE DATE

SIGN THE DOCUMENT AND PRINT YOUR ADDRESS

WITNESSING PROCEDURE

YOUR TWO WITNESSES MUST SIGN AND PRINT THEIR ADDRESSES