

**A RECOMMENDED  
HEALTH CARE ADVANCE DIRECTIVE  
FOR CATHOLICS**

DECLARATION MADE THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ (MONTH), \_\_\_\_\_ (YEAR).

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 MY BELIEF THAT LIFE IS A SACRED GIFT FROM GOD. I FURTHER BELIEVE THAT ACCEPTING DEATH IS A SIGN OF RECOGNITION OF THE HUMAN CONDITION. I ASK THAT THE SACRAMENTS OF THE CHURCH BE MADE AVAILABLE TO ME IN KEEPING WITH MY CONDITION.

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 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 ARE UTILIZED, AND WHERE THE APPLICATION OF LIFE-SUSTAINING PROCEDURE WOULD SERVE ONLY TO PROLONG ARTIFICIALLY THE DYING PROCESS, I DIRECT THAT SUCH PROCEDURES BE WITHHELD OR WITHDRAWN, AND THAT I BE PERMITTED TO DIE NATURALLY WITH ONLY THE ADMINISTRATION OF MEDICATION OR THE PERFORMANCE OF ANY MEDICAL OR NURSING PROCEDURE DEEMED NECESSARY TO PROVIDE ME WITH COMFORT CARE. THE SUPPLYING OF NUTRITION AND HYDRATION IS ORDINARILY NOT TO BE CONSIDERED AS A LIFE-SUSTAINING PROCEDURE WHICH SHOULD BE WITHDRAWN. IT MAY BE WITHDRAWN IF THE CONDITION IS TERMINAL OR THE PROCEDURE HAS BECOME IN ITSELF EXTREMELY BURDENSOME TO ME OR MY FAMILY OR THE CONTINUED SUPPLYING OF NUTRITION AND HYDRATION WOULD MAKE NO APPRECIABLE DIFFERENCE IN THE PROLONGATION OF LIFE.

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 IMPORT OF THIS DECLARATION AND I AM EMOTIONALLY AND MENTALLY COMPETENT TO MAKE THIS DECLARATION.

SIGNED \_\_\_\_\_

CITY, PARISH AND STATE OF RESIDENCE \_\_\_\_\_

THE DECLARANT HAS BEEN PERSONALLY KNOWN TO ME AND I BELIEVE HIM OR HER TO BE OF SOUND MIND.

WITNESS \_\_\_\_\_

WITNESS \_\_\_\_\_