

# DECLARATION

To my family, my physician, my lawyer, my clergyman. To any medical facility in whose care I happen to be. To any individual who may become responsible for my health, welfare or affairs.

Death is as much a reality as birth, growth, maturity and old age—it is the one certainty of life. If the time comes when I, \_\_\_\_\_, can no longer take part in decisions of my own future, let this statement stand as an expression of my wishes, while I am still of sound mind.

If the situation should arise in which I am in a terminal state and there is no reasonable expectation of my recovery, I direct that I be allowed to die a natural death and that my life not be prolonged by extraordinary means. I do, however, ask that medication be mercifully administered to me to alleviate suffering even though this may shorten my remaining life.

This statement is made after careful consideration and is in accordance with my strong convictions and beliefs. I want the wishes and directions here expressed carried out to the extent permitted by law. Insofar as they are not legally enforceable, I hope that those to whom this will is addressed will regard themselves as morally bound by these provisions.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Witness: \_\_\_\_\_

Copies of this request have been given to:

County of \_\_\_\_\_

State of Vermont

Before me, the undersigned authority, personally appeared \_\_\_\_\_,  
\_\_\_\_\_, and \_\_\_\_\_,

known to me to be declarant and the witnesses whose names are signed to the foregoing instrument, and who, in the presence of each other, did subscribe their names to the Declaration on this date.

My commission expires:

\_\_\_\_\_  
Notary Public

(Seal)