

CATHOLIC DECLARATION ON LIFE AND DEATH of:

_____ (Name)

This Declaration of Life and Death, made while I am of sound mind, is intended to convey my desires and directions regarding treatment or care for me in the event I become irreversibly and terminally ill.

Because of my Catholic belief in the dignity of the human person and my eternal destiny with God, I ask my family, physicians, lawyer, pastor, and friends to fully inform me of my condition and prognosis, if I should become irreversibly and terminally ill, so that I can prepare myself spiritually for death.

I have the right to make my own decisions concerning medical treatment that might unnecessarily prolong the dying process beyond the limits dictated by reason and good judgment. This Declaration applies in the event that I have an incurable injury, disease or illness from which I will inevitably soon die, as determined by two physicians who have examined me, one of whom shall be my attending physician; the physicians have determined that this condition will cause my death even with appropriate medical care; and that the use of life sustaining procedures would serve only to artificially prolong the dying process. In that event, if I am unable to make my own decisions and have no reasonable expectation of recovery, then I request and direct: 1) that my pain be alleviated, 2) that no excessively burdensome or disproportionate means be used to prolong my life, and 3) that nothing should be done with the intention of causing my death.

I believe nutrition and hydration are generally not excessively burdensome or disproportionate, whether being administered orally or artificially. Therefore they are not to be withheld or withdrawn from me unless there is clear and convincing evidence, in the judgment of my physicians, that they would cause me harm, cannot effectively sustain life or are excessively burdensome to me.

(Additional directions):

I ask my family, friends and the Catholic community to join me in prayer and sacrifice as I prepare for death. Finally, I seek prayers after my death, that I may enjoy eternal life.

Signed this ____ day of _____ 120 ____

_____ (Signature) _____ (Address)

The declarant is personally known to me and I believe him/her to be of sound mind. (Only one witness can be a spouse or relative.)

_____ (Witness) _____ (Witness)

_____ (Address) _____ (Address)

_____ (Phone) _____ (Phone)

DESIGNATION OF HEALTH CARE SURROGATE Of.

_____ (Name)

Should I become comatose, incompetent or otherwise mentally or physically incapable of communication, and two physicians determine that I cannot make my own health care decisions, then I designate as my surrogate, to make health care decisions for me, including decisions to apply for public benefits, authorize my admission or transfer to a health care facility, and to initiate, continue, withhold or withdraw life prolonging procedures, the following:

_____ (Name)

_____ (Address) _____ (Phone)

If that person is unwilling or unable to act, then as my alternate surrogate:

_____ (Name)

_____ (Address) _____ (Phone)

(Additional directions)

Signed this ____ day of _____ .20__

_____ (Signature) _____ (Address)

The declarant is personally known to me and I believe him/her to be of sound mind. (The witnesses cannot be the health care surrogate; only one witness can be a spouse or relative of the signer.)

_____ Witness) _____ (Witness)

_____ (Address) _____ (Address)

_____ (Phone) _____ (Phone)