**Living Will, Catholic Version**

**DECLARATION** made this  day of (month, year). I,                                     , being of sound mind, willfully and voluntarily make known my desire that my dying not be artificially prolonged under the circumstances set forth below and declare that:

If at any time I should have an incurable injury, disease or illness certified to be a terminal condition by two physicians, who have personally examined me, one of whom is my attending physician, and the physicians have determined that my death will occur unless life-sustaining procedures are used and if the application of life-sustaining procedures are used and if the application of life-sustaining procedures would serve only to artificially prolong the dying process, I direct that life-sustaining procedures be withheld or withdrawn and that I be permitted to die naturally with only the administration of medication, food or fluids or the performance of medical procedures deemed necessary to provide me with comfort care **with the understanding that the Catholic Church always considers oral and/or artificial nutrition and hydration to be always ordinary (required) care in end of life decisions and that narcotics only be used for pain management, never to induce a state of respiratory arrest.**

In the absence of my ability to give directions regarding the use of life-sustaining procedures, it is my intention that this declaration be honored by my family and attending physician as the final expression of my legal right to refuse medical or surgical treatment and accept the consequences from such refusal.

I choose no organ donation.

I understand the full impact of this declaration and I have emotional and mental capacity to make this declaration.

Signed:
County:
City and State:
The declarant is personally known to me and I believe him/her to be of sound mind.