

VIRGINIA DECLARATION

Declaration made this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ . I,  
\_\_\_\_\_, 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:

If at any time I should have a terminal condition and my attending  
physician has determined that there can be no recovery from such  
condition and my death is imminent, where the application of life-  
prolonging procedures would serve only to artificially prolong 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withdrawn, and that I be permitted to die naturally with only the  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  
procedure deemed necessary to provide me with comfort care or to  
alleviate pain.

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

I understand the full import of this declaration and I am  
emotionally and mentally competent to make this declaration.

\_\_\_\_\_  
(Signed)

The declarant is known to me and I believe him or her to be of  
sound mind.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Witness