

**DECLARATION AS TO MEDICAL AND SURGICAL  
TREATMENT  
BY**

\_\_\_\_\_

I, \_\_\_\_\_, being of sound mind and at least eighteen years of age, direct that my life shall not be artificially prolonged under the circumstances set forth below and hereby declare:

1. If at any time my attending physician and one other qualified physician certify in writing that:
  - a. I have an injury, disease or illness which is not curable or reversible and which in their judgment, is a terminal condition; and
  - b. For a period of seven consecutive days or more, I have been unconscious, comatose, or otherwise incompetent so as to be unable to make or communicate responsible decisions concerning my person, then:

In accordance with Colorado Law, life sustaining procedures shall be withdrawn and withheld pursuant to the terms of this declaration, it being understood: (1) that life sustaining procedures not include any medical procedure or intervention considered necessary by the attending physician to provide comfort or alleviate pain and (2) that in accordance with Colorado Law, artificial nourishment may be withdrawn or withheld pursuant to the terms of this declaration.

2. In the event that the only life sustaining procedure I am being provided is artificial nourishment, I direct that the one following action that is initiated by me be taken:
  - a. The nourishment shall not be continued \_\_\_\_\_ (*initials*)
  - b. The nourishment shall be continued \_\_\_\_\_ days \_\_\_\_\_ (*initials*)
  - c. The nourishment shall be continued indefinitely \_\_\_\_\_ (*initials*)

I execute this declaration as my free and voluntary act this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
\_\_\_\_\_ [*Print Name*]

The foregoing instrument was signed and declared by \_\_\_\_\_ to be their declaration, in the presence of us who, in their presence, in the presence of each other, and at their request, have signed our names below as witnesses, and we declare that, at the time of the execution of this instrument, the Declarant, according to our best knowledge and belief, was of sound mind and under no constraint or undue influence.

\_\_\_\_\_  
Witness  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Witness  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Subscribed, sworn to and acknowledged before me by \_\_\_\_\_, the Declarant, and \_\_\_\_\_ and \_\_\_\_\_, witnesses, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Witness by my hand and official seal.  
My commission expires: \_\_\_\_\_.

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