This Document shall be known as a “Rhode Island Living Will” stating the withholding or withdrawal of life sustaining procedures by the declarant. It is made in accordance with of the Rhode Island General Laws.

**DECLARATION**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, being of sound mind willfully and voluntarily make known my desire that my dying shall not be artificially prolonged under the circumstances set forth below, do hereby declare:

If I should have an incurable or irreversible condition that will cause my death and if I am unable to make decisions regarding my medical treatment, I direct my attending physician to withhold or withdraw procedures that merely prolong the dying process and are not necessary to my comfort, or to alleviate pain.

This authorization: (check one)

[ ]  - **Includes** the withholding or withdrawal of artificial feeding.

[ ]  - **Does not include** the withholding or withdrawal of artificial feeding.

Signed this \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_\_\_\_\_\_.

|  |
| --- |
| Signature |
| Address |

The declarant is personally known to me and voluntarily signed this document in my presence.

|  |
| --- |
| Witness Signature |
| Address |