

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 § 23-4.11-3 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 Date: _____, 20____

Address

Witness Signature Date: _____, 20____
