

Declaration
(direct physician to withhold life sustaining treatment)
MCA §50 - 9 - 103

If I should have an incurable or irreversible condition that, without the administration of life-sustaining treatment, will, in the opinion of my attending physician or attending advanced practice registered nurse, cause my death within a relatively short time and I am no longer able to make decisions regarding my medical treatment, I direct my attending physician or advanced practice registered nurse, pursuant to the Montana Rights of the Terminally Ill Act, to withhold or withdraw treatment that only prolongs the process of dying and is not necessary to my comfort or to alleviate pain.

Signed this _____ day of _____, 20__.

Signature _____

City, County, and State of Residence _____

The declarant voluntarily signed this document in my presence

Witness 1 Signature: _____

Witness 1 Mailing Address: _____

Witness 2 Signature: _____

Witness 2 Mailing Address: _____
