

PART 2: INSTRUCTIONS FOR HEALTH CARE

(5) **END-OF-LIFE DECISIONS:** Please choose **one** of the following regarding end-of-life decisions by initialing your choice:

_____ **I choose NOT to prolong life.** I do not want my life to be prolonged if (1) I have an incurable and irreversible condition that will result in my death within a relatively short time; (2) I become unconscious and, to a reasonable degree of medical certainty, I will not regain consciousness; or (3) the likely risks and burdens of treatment would substantially outweigh the expected benefits.

_____ **I choose to prolong life.** I want my life to be prolonged as long as possible within the limits of generally accepted healthcare standards.

_____ **I choose to give my Agent discretion to make end-of-life decisions based on the circumstances.**

(6) **ARTIFICIAL NUTRITION AND HYDRATION:** Artificial nutrition and hydration must be provided, withheld or withdrawn in accordance with the choice I have made in Paragraph (6).

(7) **RELIEF FROM PAIN:** *If I mark this box []*, I direct that treatment for alleviation of pain or discomfort be provided at all times, even if it hastens my death.

(8) **DURABILITY:** This Advance Health Care Directive shall not be affected by the subsequent disability or incapacity of the principal, or lapse of time.

(9) **EFFECT OF COPY:** A copy of this form has the same effect as the original.

(10) **PLANS UPON DEATH:** If any, leave blank if no current plans.

(11) **SIGNATURE:** Sign and date the form here:

DATE

ADDRESS

CITY STATE ZIP

SIGN

PRINT

(12) **TWO WITNESSES:** Sign and Date here. *Witnesses cannot be related, must be uninterested parties, cannot be the agent or alternate agent and cannot work in the medical profession.*

Name Date

Name Date

Signature

Signature

Address

Address

City, State Zip

City, State Zip

STATE OF MISSISSIPPI

COUNTY OF _____

On this the ____ day of _____, in the year _____, before the undersigned duly appointed Notary Public in and for the jurisdiction aforesaid, the within named, _____, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this instrument in front of myself and two other witnesses, and acknowledged that she/he executed it. I declare under the penalty of perjury that the person whose name is subscribed to in this instrument appears to be of sound mind and under no duress, fraud, or undue influence.

NOTARY PUBLIC

My Commission Expires:
