

Declaration Provided by Colorado Medical Treatment Decision Act:  
Colorado Statutes 15-18-104

DECLARATION AS TO MEDICAL OR SURGICAL TREATMENT

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 that:

1. If at any time my attending physician and one other 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 forty-eight consecutive hours or more, I have been unconscious, comatose, or otherwise incompetent so as to be unable to make or communicate responsive decisions concerning my person; then,

I direct that life-sustaining procedures shall be withdrawn and withheld, it being understood that life-sustaining procedures shall not include any medical procedure or intervention for nourishment or considered necessary by the attending physician to provide comfort or alleviate pain.

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

By \_\_\_\_\_  
\_\_\_\_\_, Declarant

The foregoing instrument was signed and declared by \_\_\_\_\_ to be his declaration, in the presence of us, who, in his presence, in the presence of each other, and at his 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.

Dated at \_\_\_\_\_, \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Name and address

\_\_\_\_\_  
Name and address

STATE OF COLORADO  
COUNTY OF \_\_\_\_\_

Subscribed and sworn to before me by \_\_\_\_\_, the Declarant, and  
\_\_\_\_\_, and \_\_\_\_\_,  
witnesses, as the voluntary act and deed of the Declarant, this \_\_\_\_\_ day of  
\_\_\_\_\_ 20\_\_\_\_\_.

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

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Review List

This review list is provided to inform you about this document in question and assist you in its preparation. This simple Life Sustaining Declaration is valid in Colorado. Check with a local hospital or doctor's office, as well as with an experienced medical attorney, to assure yourself of its compliance with current statute (s) in your state.

1. Make multiple copies. Give one to your doctor (s), the local hospital, and have others available through your attorney and family. Remember, these kinds of documents are needed in emergency situations at worst and under stressful circumstances at best. So be sure they are available to the appropriate people easily, when needed.