

**Oklahoma Department of Corrections  
Living Will/Advance Directive for Health Care  
63 § 3101.4**

I, \_\_\_\_\_, DOC # \_\_\_\_\_, SS# \_\_\_\_\_, being of sound mind and eighteen (18) years of age or older, willfully and voluntarily make known my desire, by my instructions to others through my living will, or by my appointment of a health care proxy, or both, that my life shall not be artificially prolonged under the circumstances set forth below. I hereby declare:

I. Living Will/Advance Directive

A. If my attending physician and another physician determine that I am no longer able to make decisions regarding my medical treatment, I direct my attending physician and other health care providers, pursuant to the Oklahoma Rights of the Terminally Ill or Persistently Unconscious Act, to withhold or withdraw treatment from me under the circumstances I have indicated below by my signature. I understand that I will be given treatment that is necessary for my comfort or to alleviate my pain.

B. If I have a terminal condition:

(1) I direct that life-sustaining treatment shall be withheld or withdrawn if such treatment would only prolong my process of dying, and if my attending physician and another physician determine that I have an incurable and irreversible condition that even with the administration of life-sustaining treatment will cause my death within six (6) months.

\_\_\_\_\_

(2) I understand that the subject of the artificial administration of nutrition and hydration (food and water) that will only prolong the process of dying from an incurable and irreversible condition is of particular importance. I understand that if I do not sign this paragraph, artificially administered nutrition and hydration will be administered to me. I further understand that if I sign this paragraph, I am authorizing the withholding or withdrawal of artificially administered nutrition (food) and hydration (water).

\_\_\_\_\_  
Signature & Date

(3) I direct that (add other medical directives, if any)

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature & Date

C. If I am persistently unconscious:

- (1) I direct that life-sustaining treatment be withheld or withdrawn if such treatment will only serve to maintain me in an irreversible condition, as determined by my attending physician and another physician, in which thought and awareness of self and environment are absent.

\_\_\_\_\_  
Signature & Date

- (2) I understand that the subject of the artificial administration of nutrition and hydration (food and water) for individuals who have become persistently unconscious is of particular importance. I understand that if I do not sign this paragraph, artificially administered nutrition and hydration will be administered to me. I further understand that if I sign this paragraph, I am authorizing the withholding or withdrawal of artificially administered nutrition (food) and hydration (water).

\_\_\_\_\_  
Signature & Date

- (3) I direct that (add other medical directives, if any)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature & Date

II. Health Care Proxy

- A. If my attending physician and another physician determine that I am no longer able to make decisions regarding my medical treatment, I direct my attending physician and other health care providers pursuant to the Oklahoma Rights of the Terminally Ill or Persistently Unconscious Act to follow the instructions of \_\_\_\_\_, whom I appoint as my health care proxy. If my health care proxy is unable or unwilling to serve, I appoint \_\_\_\_\_, as my alternate health care proxy with the same authority. My health care proxy is authorized to make whatever medical treatment decisions I could make if I were able, except the decisions regarding life-sustaining treatment I have indicate in the following sections.

B. If I have a terminal condition:

- (1) I authorize my health care proxy to direct that life-sustaining treatment be withheld or withdrawn if such treatment would only prolong my process of dying and if my attending physician and another physician determine that I have an incurable and irreversible condition that even with the administration of life-sustaining treatment will cause my death within six (6) months.

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Signature & Date

- (2) I understand that the subject of the artificial administration of nutrition and hydration (food and water) is of particular importance. I understand that if I do not sign this paragraph, artificially administered nutrition (food) or hydration (water) will be administered to me. I further understand that if I sign this paragraph, I am authorizing the withholding or withdrawal of artificially administered nutrition (food) and hydration (water).

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Signature & Date

- (3) I authorize my health care proxy to (add other medical directives, if any)

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Signature & Date

C. If I am persistently unconscious:

- (1) I authorize my health care proxy to direct that life-sustaining treatment be withheld or withdrawn if such treatment will only serve to maintain me in an irreversible condition, as determined by my attending physician and another physician, in which thought and awareness of self and environment are absent.

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Signature & Date

- (2) I understand that the subject of the artificial administration of nutrition and hydration (food and water) for individuals who have become persistently unconscious is of particular importance. I understand that if I do not sign this paragraph, artificially administered nutrition and hydration will be administered to me. I further understand that if I sign this paragraph, I am authorizing the withholding or withdrawal of artificially administered nutrition (food) and hydration (water).

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Signature & Date

(3) I authorize my health care proxy to (add other medical directives, if any)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature & Date

III. Anatomical Gifts

I direct that at the time of my death my entire body or designated body organs or body parts be donated for purposes of transplantation, therapy, advancement of medical or dental science or research or education pursuant to the provisions of the Uniform Anatomical Gift Act. Death means either irreversible cessation of circulatory and respiratory functions or irreversible cessation of all functions of the entire brain, including the brain stem. I specifically donate: (*Check all that apply*)

- |                    |          |                |            |
|--------------------|----------|----------------|------------|
| - ENTIRE BODY      | - LUNGS  | - HEART        | - SKIN     |
| - BLOODS/FLUIDS    | - LIVER  | - KIDNEYS      | - ARTERIES |
| - BONE/MARROW      | - BRAIN  | - GLANDS       | - PANCREAS |
| - EYES/CORNEA/LENS | - TISSUE | - Other: _____ |            |

\_\_\_\_\_  
Signature & Date

IV. Conflicting Provisions

I understand that if I have completed both a living will/advance directive and have appointed a health care proxy, and if there is a conflict between my health care proxy's decision and my living will/advance directive, my living will shall take precedence unless I indicate otherwise.

\_\_\_\_\_  
Signature & Date

V. General Provisions

- A. I understand that if I have been diagnosed as pregnant and that diagnosis is known to my attending physician, this advance directive shall have no force or effect during the course of my pregnancy.
- B. In the absence of my ability to give directions regarding the use of life-sustaining procedures, it is my intention that this living will/advance directive will be honored by my family and physicians as the final expression of my legal right to refuse medical or surgical treatment including, but not limited to, administration of any life-sustaining procedures, and I accept the consequences of such refusal.
- C. This living will/advance directive will be in effect until it is revoked.

- D. I understand that I may revoke this living will/advance directive at any time.
- E. I understand and agree that if I have any prior directives, that when I sign this one, the prior living will/advance directive is revoked.
- F. I understand the full importance of this living will/advance directive and I am emotionally and mentally competent to make this living will/advance directive.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
DOC #

\_\_\_\_\_  
Facility

This living will/advance directive was signed in my presence.

\_\_\_\_\_  
Signature of witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address of witness

\_\_\_\_\_  
Signature of witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address of witness

This is copied from House Bill 1969 amending the 1992 form. This law is effective November 1, 1995 and the Oklahoma Department of Corrections was provided access to this HB based on the amendment of 57 O.S., 1991, Section 510, effective July 1, 2001, by SB 796.