

Do-Not-Resuscitate Declaration

MICHIGAN DO-NOT-RESUSCITATE PROCEDURE ACT

I have discussed my health status with my physician,
I request that in the event my heart and breathing should stop, no person shall attempt to resuscitate me.

This order is effective until it is revoked by me.

Being of sound mind, I voluntarily execute this order, and I understand its full import.

.....
Declarant's signature Date (mm/dd/yyyy)

.....
PRINT declarant's full name

.....
Signature of person who signed for declarant, if applicable Date (mm/dd/yyyy)

.....
PRINT full name

.....
Physician's signature Date (mm/dd/yyyy)

.....
PRINT physician's full name

ATTESTATION OF WITNESSES

The individual who has executed this order appears to be of sound mind, and under no duress, fraud, or undue influence.
Upon executing this order, the individual (*circle one*) **(HAS)** **(HAS NOT)** received an identification bracelet.

.....
Witness signature Date (mm/dd/yyyy) Witness signature Date (mm/dd/yyyy)

.....
PRINT Witness's name PRINT Witness's name

**THIS FORM WAS PREPARED PURSUANT TO, AND IN COMPLIANCE WITH,
THE MICHIGAN DO-NOT-RESUSCITATE DECLARATION PROCEDURE ACT (1996 PA 193)**

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DO-NOT-RESUSCITATE DECLARATION