



Northeast Michigan Medical Control Authority

(Adherent of Church or Religious Denomination whose members depend upon spiritual means though prayer alone for healing.)

DO-NOT-RESUSCITATE ORDER

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

(Type or Print Declarant's Full Name)

(Signature of Person who signed for Declarant, if applicable) _____
Date

(Type or Print Name of Person who signed for Declarant)

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 has (has not) received an identification bracelet.

(Witness's Signature/Date) _____
(Witness's Signature/Date)

(Type or Print Witness's Name) _____
(Type or Print Witness's Name)

THIS FORM WAS PREPARED PURSUANT TO, AND IS IN COMPLIANCE WITH THE MICHIGAN DO-NOT-RESUSCITATE PROCEDURE ACT.

ANNEX 2

:AGH/DNR96/ja