

Initial Date: 5/31/2012  
Revised Date: 05/30/2023

Section 7-7

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**“DO-NOT-RESUSCITATE ORDER”**

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 in effect 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 full name)

\_\_\_\_\_  
**(Physician’s signature)**

\_\_\_\_\_  
**(Date)**

\_\_\_\_\_  
(Type or 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 has (has not) received an identification bracelet.

\_\_\_\_\_  
**(Witness signature)**      (Date)

\_\_\_\_\_  
**(Witness signature)**      (Date)

\_\_\_\_\_  
(Type or print witness’s name)

\_\_\_\_\_  
(Type of print witness’s name)

**This form was prepared pursuant to, and in compliance with,  
The “Michigan do-not-resuscitate procedure act”.**

**ANNEX 1**

Initial Date: 5/31/2012  
Revised Date: 05/30/2023

Section 7-7

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**“DO-NOT-RESUSCITATE ORDER”  
Adherent of Church or Religious Denomination**

I request that in the event my heart and breathing should stop, no person shall attempt to resuscitate me.

This order is in effect until it is revoked by me.

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

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(Declarant’s signature) (Date)

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(Type or print declarant’s full name)

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(Signature of person who signed for declarant, if applicable) (Date)

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(Type or print 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 has (has not) received an identification bracelet.

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(Witness signature) (Date) (Witness signature) (Date)

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(Type or print witness’s name) (Type of print witness’s name)

**This form was prepared pursuant to, and in compliance with,  
The “Michigan do-not-resuscitate procedure act”.**

**ANNEX 2**