

**Northern Territory of Australia
Natural Death Act**

Notice of Direction pursuant to the Natural Death Act (1986)

Regulation 2

To: The medical practitioner responsible for my treatment at such time when I am suffering from a terminal illness*

I,.....
(name of person making direction)

declare that I am of sound mind and have attained the age of 18 years AND in the event that I may suffer from a terminal illness within the meaning of the Natural Death Act AND having the desire not to be subjected to extraordinary measures, namely medical or surgical measures that prolong life, or which are intended to prolong life, by supplanting or maintaining the operation of bodily functions that are temporarily or permanently incapable of independent operation, or to particular extraordinary measures specified below, do hereby make the direction the I not be subjected to:

+ extraordinary measures generally
+ extraordinary measures being:

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Signature.....

Date.....

Witnessed in the presence of 2 witnesses who have attained the age of 18 years.

1.....
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2.....
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(Signature, print name, address and occupation)

(Signature, print name, address and occupation)

*Terminal illness means any illness, injury or degeneration of mental or physical faculties-

- a) such that death would if extraordinary measures were not undertaken, be imminent; and
- b) from which there is no reasonable prospect of a temporary or permanent recovery, even if extraordinary measures were undertaken

+ Delete as applicable