In the United States Virgin Islands, the Virgin Islands Healthcare Consent Act and the Rights of the Terminally Ill Act provide the specifics of our advance directives law and offers the following as a model declaration form for patient use:

(Selection of Designee)

DECLARATION

If I should have, in the opinion of my attending physician, an incurable and irreversible condition that, without the administration of life-sustaining treatment, will, in the opinion of the attending physician, cause my death within a relatively short time, and I am no longer able to make decisions regarding my medical treatment, I appoint [name of designee] or, if he or she is not reasonably available or is unwilling to serve, [name of alternate designee] to make decisions on my behalf regarding withholding or withdrawal of treatment that only prolongs the process of dying and is not necessary to my comfort or to alleviate pain pursuant to the Uniform Rights of the Terminally Ill Act of this Territory. If the individual(s) I have so appointed is (are) not reasonably available or is (are) unwilling to serve, I direct my attending physician, pursuant to the Uniform Rights of the Terminally Ill Act of this Territory, to withhold or withdraw treatment that in his or her opinion, only prolongs the process of dying and is not necessary to my comfort or to alleviate pain.] The bracketed language should be stricken if not desired by a declarant.

Signed this ______ day of 201__

Signature______________________________________________

Address _____________________________________________

The declarant voluntarily signed this writing in my presence.

Witness ______________________________________________

Address _____________________________________________

Witness ______________________________________________

Address _____________________________________________

Name and address of designee.

Name ________________________________________________

Address ______________________________________________