

REQUEST FOR AN AID-IN-DYING - INTERPRETER DECLARATION

I, _____, am fluent in English and _____.
NAME OF INTERPRETER TARGET LANGUAGE

On _____ at approximately _____,
DATE TIME

I read the "Request for an Aid-In-Dying Drug to End My Life" to

_____ in _____.
NAME OF PATIENT/QUALIFIED INDIVIDUAL TARGET LANGUAGE

Mr./Ms. _____
NAME OF PATIENT/QUALIFIED INDIVIDUAL

affirmed to me that he/she understood the content of this form and affirmed his/her desire to sign this form under his/her own power and volition and that the request to sign the form followed consultations with an attending and consulting physician.

I declare that I am fluent in English and _____
TARGET LANGUAGE

and further declare under penalty of perjury that the foregoing is true and correct.

Executed at _____, _____, _____.
CITY COUNTY STATE

on this _____ of _____, _____.
DAY OF MONTH MONTH YEAR

INTERPRETER SIGNATURE

INTERPRETER PRINTED NAME

INTERPRETER STREET ADDRESS CITY STATE ZIP CODE