

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./Mx. _____
NAME OF PATIENT/QUALIFIED INDIVIDUAL

affirmed to me that they understood the content of this form and affirmed their desire to sign this form under their 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

_____ CITY _____ STATE _____
INTERPRETER STREET ADDRESS ZIP CODE