

**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