

FINAL ATTESTATION FOR AN AID-IN-DYING DRUG TO END MY LIFE IN A HUMANE AND DIGNIFIED MANNER

I, _____, am an adult of sound mind and a resident of the State of California.

I am suffering from _____, which my attending physician has determined is in its terminal phase and which has been medically confirmed.

I have been fully informed of my diagnosis and prognosis, the nature of the aid-in-dying drug to be prescribed and potential associated risks, the expected result, and the feasible alternatives or additional treatment options, including comfort care, hospice care, palliative care, and pain control.

I have received the aid-in-dying drug and am fully aware that this aid-in-dying drug will end my life in a humane and dignified manner.

INITIAL ONE:

_____ I have informed one or more members of my family of my decision and taken their opinions into consideration.

_____ I have decided not to inform my family of my decision.

_____ I have no family to inform of my decision.

My attending physician has counseled me about the possibility that my death may not be immediately upon the consumption of the drug.

I make this decision to ingest the aid-in-dying drug to end my life in a humane and dignified manner. I understand I still may choose not to ingest the drug and by signing this form I am under no obligation to ingest the drug. I understand I may rescind this request at any time.

Sign: _____

Date: _____

Time: _____

(continued)

INTERPRETER

I, _____ (insert name of interpreter),
am fluent in English and _____ (insert target language).

On _____ (insert date) at approximately _____ (insert
time), I read the “Request for an Aid-In-Dying Drug to End My Life” to _____
_____ (insert name of individual/patient) in _____
_____ (insert target language).

Mr./Ms. _____ (insert 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 _____ (insert target language)
and further declare under penalty of perjury that the foregoing is true and correct.

Executed at _____ (insert city, county, and state)
on this . (insert day of month) of _____ (insert month), _____ (insert year).

Interpreter signature

Interpreter printed name

Interpreter address