

REQUEST FOR MEDICATION TO END MY LIFE IN A HUMANE AND DIGNIFIED MANNER

l,			am an ad	ult of sound mind.
Firs	t Mid	dle	Last	
I am suffering fro incurable, irrever consulting physic	sible terminal disease that will	result in death with	, which my attending physician has det in six months and which has been medically c	ermined is an onfirmed by a
-	informed of my diagnosis, prog and feasible alternatives, includ		medication to be prescribed and potential a ospice care, and pain control.	ssociated risks, the
	attending physician prescribe rocense or to contact a pharmacis		ay self-administer to end my life in a humane rescription.	and dignified
Initial Only One E	<u>Below</u>			
I hav	e informed my family of my dec	cision and taken the	eir opinions into consideration.	
I hav	e decided not to inform my fam	nily of my decision.		
I hav	e no family to inform of my dec	ision.		
I understand that	I have the right to rescind this r	equest at any time.		
although most de I make this reque	aths occur within three hours, r	my death may take vation; and I accept	I take the medication to be prescribed. I furt longer and my physician has counseled me a full moral responsibility for my actions. I furtee.	bout this possibility.
Signature:		County	y of Residence:	Date:
Witness 1 Witness 1	we declare that the p Witness 2 1. Is personally 2. Signed this re 3. Appears to b	erson making and s known to us or has equest in our preser e of sound mind an	sence of the person named above signs, igning the above request: provided proof of identity; nce on the date following the person's signatud not under duress, fraud or undue influence; of us is the attending physician.	
Printed Name:				
Witness 2 Printed Name:		Signatu	ure:	Date:

NOTE: Only one of two witnesses may be a relative by blood, marriage, or adoption of the person signing this request, or be entitled to any portion of the person's estate upon death. Only one of the two witnesses may own, operate, or be employed at a health care facility where the person is a patient or resident. The patient's attending physician at the time of the request is not eligible to be a witness. If the patient is an inpatient at a long-term health care facility, one of the witnesses shall be an individual designated by the facility.