Santé et Services sociaux Québec

DT9236

REQUEST FOR MEDICAL AID IN DYING

Last name	
First name	
Date of birth (Year / Month / Day)	
Health insurance number	Expiry (Year / Month)
Address	
Postal code	Area code / Telephone no.

I request that Dr. *(name of physician)* _____ **administer me medical aid in dying. I have received the necessary information regarding the conditions required to obtain and have access to this aid.**

I authorize the pharmacist, who will provide the medications for administering me medical aid in dying, to receive a copy of my request.

Signature *(patient)*: _____ Date (Year / Month / Day)

Authorized third person[1]: If the patient requesting medical aid in dying cannot date and sign the form because he or she cannot write or is physically incapable of doing so, a third person may do so in the patient's presence and according to his or her instructions.

First and last name of the authorized third person:

Domiciled at *(address)*:

Relation to the patient requesting medical aid in dying:

Signature: _____ Date (Year / Month / Day)

Health or social services professional present when the person requesting medical aid in dying or the authorized third person signed and dated the form:

First and last name	Title	Licence No.
Signature of professional		Year / Month / Day

Independent witness present when the person requesting medical aid in dying or the authorized third person signed and dated the form[2]**:**

Witness 1: First and last name	Signature	**Date** (Year / Month / Day)

The original of this form must be given to the attending physician and filed in the record of the patient requesting medical aid in dying in accordance with section 32 of the Act respecting end-of-life care.

[1] In accordance with Section 27 of the *Act Respecting End-of-Life Care* and in view of Section 241.2(4) of the *Criminal Code*, the third person may not be a member of the team responsible for caring for the patient, a minor or a person of full age incapable of giving consent, or know or believe that he or she is the beneficiary under the will of the person making the request or otherwise a recipient of a financial or other material benefit from that person's death. The third person must also understand the nature of a request for medical aid in dying.

[2] Section 241.2(5) of the *Criminal Code* stipulates that the request must be signed and dated in front of two independent adult witnesses who understand the nature of a request for medical aid in dying. A witness cannot be considered independent if they a) know or believe that they are a beneficiary under the will of the person making the request or otherwise a recipient of a financial or other material benefit resulting from that person's death, b) is an owner or operator of a healthcare facility at which the person making the request is being treated or in which that person resides, c) is directly involved in providing healthcare services to the person making the request, or d) directly provides personal care to the person making the request.