

Disability Euthanasia Assistance Claim for persons aged 16 or over

Disability and Carers Service

Please fill in this form and send it back to us as soon as you can. Demand is high and supplies limited, euthanasia assistance packs are subject to availability.

Please return this form to: Euthanasia Assistance Scheme, The Ministers, Department for Work and Pensions, Caxton House, Tothill Street, London, SW1H 9DA or email to: ministers@dwp.gsi.gov.uk

About you.

Please tell us your personal details. If you are filling this form in for someone else, tell us about them, not you.

| Surname or family name | | | | | | |
|---|------------------------|--|--|--|--|--|
| All other names in full | | | | | | |
| Title for example Mr, Mrs, Miss, Ms | | | | | | |
| National Insurance Number | Letters Numbers Letter | | | | | |
| Date of Birth dd/mm/yy | 1 1 | | | | | |
| Sex | Male Female | | | | | |
| Address | , | | | | | |
| | Postcode | | | | | |
| Day time telephone or where we can contact you or leave a message | | | | | | |
| Phone Number including the dial code | | | | | | |
| What is your nationality? For example British, Turkish, Spanish | | | | | | |

EPA01A Adult February 2011

| Your | rig | ht | to | ch | 100 | se. |
|------|-----|----|----|----|-----|-----|
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Please indicate below your preference by putting a tick in the box next to the appropriate choice. If you are filling this form in for someone else please tick the choice appropriate to them, not

| EPA01A Adult February 2011 | | , | 2 |
|--|-------------------------|---|-------------------------|
| Signed: | Date: | Continued (delete as | appropriate) Y/N |
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| Government and ATOS. | | | |
| This form is submitted in protes | st against the hars | h treatment of the disabled by | the UK |
| Make a personal statement of protest (Indicate if a continuation sheet is use | | nent's treatment of the disabled below | v if required and sign. |
| carrier bag and directions – ma holes have been sealed.) | ay require extra as | sistance. *the small child safe air | |
| Special Value (You will receive | | | |
| will be directed to the Metropolitan Po Sunday & Easter Bank Holiday) | olice zone run by the S | Special Tactics Squad. *Except | |
| Defence euthanasia zones who hours*. You will also receive a | | | |
| The big surprise (You will rece | eive a map to desi | gnated UK Ministry of | |
| aerosol. You will need to provide ft.) | | | |
| Toxic Gas (You will be sent a s | single use non CF | C compressed cvanide | |
| allergenic steel wrist & ankle cl and a large bowl of water. People on at least £5 credit before use. | amps. You will need | a high backed chair, wet sponge | |
| Electric chair (You will be sen | t 2 large gauge ca | bles head piece pon | |
| Shooting (You will receive a .3 is a £1500 deposit which will be refur Please tick & enclose payment if requ | nded on return of the | | Require gun |
| with other lethal drugs like heroin). | nasty and offen disor | ionating side alreads such as occur | |
| Lethal injection (You will rece potassium chloride* – you will I you. *This will kill without any of the | need to inject your | self or get a friend to help | |
| the ground. A guide sheet is provided | for use with this met | nod.) | |
| Hanging (You will receive a rosecure place to hang it from such as | an exposed rafter or s | sturdy tree branch at least 12 feet off | |
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