

Declaration of Life

I the undersigned, being of sound and disposing mind and memory, do hereby in the presence of witnesses make this Declaration of Life.

Background

- I believe that killing of one human being by another is morally wrong.
- I am opposed to capital punishment on any grounds whatsoever.
- I believe it is morally wrong for any state or other governmental entity to take the life of another human being by way of capital punishment for any reason.
- I believe that capital punishment is not a deterrent to crime and serves only the purpose of revenge.

Therefore, I hereby declare that should I die as a result of violent crime, I request that the person or persons found guilty of homicide for my killing not be subject to or put in jeopardy of the death penalty under any circumstances, no matter how heinous their crime or how much I may have suffered. The death penalty would only increase my suffering.

I believe it is morally wrong for my death to be the reason for the killing of another human being. I request that the Prosecutor or District Attorney having the jurisdiction of the person or persons alleged to have committed my homicide not file or prosecute an action for capital punishment as a result of my homicide.

I request that this Declaration be made admissible in any trial of any person charged with my homicide and read and delivered to the jury. I request the Court to allow this Declaration to be admissible as a statement of the victim at the sentencing of the person or persons charged and convicted of my homicide and to pass sentence in accordance with my wishes.

I request that the Governor or any executive officer(s) grant pardon, clemency or take whatever action is necessary to stay and prohibit the carrying out of the execution of any person or persons found guilty of my homicide.

This Declaration is not meant to and should not be taken as a statement that the person or persons who have committed my homicide should go unpunished.

I request that my family and friends take whatever actions are necessary to carry out the intent and purpose of this Declaration, and I further request them to take no action contrary to this Declaration.

During my life, I want to feel confident that under no circumstances whatsoever will my death result in the capital punishment of another human being.

I ask that, should I die under the circumstances as set forth in this declaration and the death penalty is requested, my family, friends, and personal representative deliver copies of this Declaration as follows to the Prosecutor or District Attorney having jurisdiction over the person or persons charged with my homicide; to the attorney representing the person or persons charged with my homicide; to the judge presiding over the case involving my homicide; for recording, to the Recorder of the County in which my homicide took place and to the Recorder of the County in which the person or persons charged with my homicide are to be tried; to all newspapers, radio and television stations of general circulation in the County in which my homicide took place and the County in which the person or persons charged with my homicide are to be tried; and to any other person or persons or entities my family, friends or personal representative deem appropriate in order to carry out my wishes as set forth herein.

I affirm under the pains and penalties for perjury that the above Declaration of Life is true.

Declarant

Signature: _____

Printed Name: _____

Witnesses

Signature: _____

Printed Name: _____

Signature: _____

Printed Name: _____

State/Province of: _____

County/Municipality of: _____

Before me, a Notary Public in and for said County and State, personally appeared the Declarant and acknowledged the execution of the foregoing instrument this ____ day of _____, 20____.

Witness my hand and notarial seal.

My commission expires: _____

County of Residence: _____

Notary Public: _____

Printed Name: _____