NMDOH
NEW MEXICO DEPARTMENT OF HEALTH

Please submit form through the DAVE database or manually to:
New Mexico Bureau of Vital Records
PO Box 25767
Albuquerque, NM 87125
Or
Fax: (505) 827-0403

For Vital Records use only.
Clerk Receiving Form: _____
Date: _____

MEDICAL AID-IN-DYING REPORTING FORM

According to the End-of-Life Options Act, signed into law in 2021, the New Mexico Department of Health is required to obtain and report information regarding the end-of-life medication prescribed. This form is required to be submitted into the Bureau of Vital Records and Health Statistics.

You must provide the following information regarding the individual who received prescriptions for medical aid in dying medication:

Gender: _____ **Age at Death:** _____

Race/Ethnicity (Please mark one): ☐ **White** ☐ **Hispanic** ☐ **Black/African American**

☐ **American Indian/Alaskan Native** ☐ **Asian/Pacific Islander**

Was the individual enrolled in hospice at the time of death? ☐ **Yes** ☐ **No**

Underlying Medical Condition(s) at time of death: _____

_____

Was the aid-in-dying medication self-administered? ☐ **Yes** ☐ **No**

If "yes," the date the aid-in-dying medication was administered: _____

Signature of person completing this form to be submitted into the New Mexico Department of Health, Bureau of Vital Records and Health Statistics.

Signature: _____ **Date:** _____

Printed Name: _____