



Memo

Date: June 25, 2018

To: Deacons and Sisters

From: Deacon Richard Tolcher, Director, Prison and Jail Ministry; Office of Life, Dignity and Justice

Re: Declaration of Life

As the cries for the death penalty mount in Georgia and around the nation, and executions increase in those states which currently allow them, we invite you to make your personal statement as detailed in the enclosed Declaration of Life.

In signing this document, you declare that should you become a homicide victim, you do not want your murderer executed.

Please sign and have the document notarized before you return it to us. This form will be placed in your file at the archdiocese with all your other personal documents.

For additional information, please contact me at rtolcher@archatl.com or 404-920-7357.

Because I am opposed to capital punishment as a solution to violence, I have signed the Declaration of Life. Please number me among its supporters.

Name (PRINTED)

SIGNATURE

COMMENTS:

DECLARATION OF LIFE

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

BACKGROUND

1. I believe that the killing of one human being by another is morally wrong.
 2. I am opposed to capital punishment on any grounds whatsoever.
 3. I believe it is morally wrong for any state or other government entity to take the life of a human being by way of state punishment for any reason.
 4. I believe that capital punishment is not a deterrent to crime and serves only the purpose of revenge.
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THEREFORE, I hereby declare that should I die as a result of a violent crime, I request that the 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 have may have suffered.

I believe it is morally wrong for my death to be the reason for the killing of another human being.

I request that the Parole Board 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 be, 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 request 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 homicides are to be tried; and, to any other person, 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.

WITNESS

DECLARANT

Printed Name

Printed Name

Printed Name

STATE OF _____

SS:

COUNTY OF _____

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

WITNESS my hand and notarial seal.

My Commission Expires:

County of Residence:

NOTARY PUBLIC

Printed Name