

REQUEST TO REGISTER MY ADVANCE MEDICAL DIRECTIVE DOCUMENT

(Please do not fill in this form, it is just a translation of the original Spanish version so you can fill in and sign the request in Spanish.)

Name and Surname:

Sex:

Marital status:

DNI/NIE/passport number:

Medical card number:

CIP number:

Place of birth:

Date of birth:

Nationality:

Address, Postcode and town:

Name and address of representative (if they are the one presenting the application):

I REQUEST that the attached document be registered in the Registro de Voluntades Anticipadas de las Illes Balears.

I DECLARE, that I know that the Registro de Voluntades Anticipadas will only send the content of the document to the doctor caring for me at the time, when due to my situation, I am unable to express my will and it is necessary to take the relevant clinical decisions.

I authorize the Registro to inform the personnel of the medical centers of the existence of this document (not it's content, *in compliance with data protection regulations the content will only be made known to medical staff if you are unable to speak for yourself*)

Please mark accordingly

YES/NO

Date:

Signature: