TRANSLATION OF REQUEST TO MODIFY, SUBSTITUTE OR **REVOKE A LIVING WILL**

(Please do not fill in this form, this is just a translation to help you fill in the Spanish form)

I (name)	, of legal age, gender	, marital status	nationality
	PASSPORT numand ad		
	_ with health card number ¹		
Name and surr	name of representative (if they	are presenting this form)	
	at the document included in the Registro Balear de Voluntac	•	•
RevokiiSubstitiModifyi	uting		
The existing liv	ring will that was submitted:		
Place and date	e of formalisation of existing liv	ing will	
Date of the res	solution accepting the registrati	ion	
content of this	m aware that the Registro de \ document to the doctor caring Il and it is necessary to make r	for me at a time when I am	•
I authorise the document (not	e Register to inform personnel its content).4	of medical centers of the exi	stence of this
-Yes			
-No (mark your cho	oice with an X)		
Place, date and	d signature		
(i.e.) Calvia a 1	18 de Enero de 2025		
¹ This is the nur	 mber under your name on your he	ealth card, it will have lots of Bs.	

² This is another number on your health card, which will start with 38. ³ Balearic register of living wills

⁴ The medical centres will only be aware the document exists, but as the previous statement makes clear, will only be informed of the content if you are in a condition where you cannot express yourself. If you choose NO on this point it will make it harder for the medical teams to know and access your living will, time may be lost making it harder to comply with your wishes.