

**GENERALITAT  
VALENCIANA****WILL****A YOUR DATA - THIS IS A NON-OFFICIAL TRANSLATION, DO NOT FILL THIS IN, USE THE SPANISH ORIGINAL!!!**

SURNAME AND NAME		NIF	STP
ADDRESS (STREET/SQUARE, NUMBER)		POSTCODE	PLACE
PROVINCE	TELEPHONE	E-MAIL	

**B STATEMENT**

I have prepared this document in the full possession of my faculties and of my own free will, in accordance with my rights under current applicable law:

- According to Generalitat Law 16/2018 of 28 June on the rights and guarantees of the dignity of the person in the end-of-life care process:

• I DECLARE that if in the future I am unable to make decisions about my health due to physical and/or mental deterioration, for whatever reason and which prevents a life in line with my values and without survival expectations according to medical science, that I want my wishes to be taken into account. Therefore, when the time comes to end life, I declare the following ("Voluntades anticipadas"):

1. That invasive life support measures or other measures whose sole purpose is to prolong my life will not be initiated or, if their application has already begun, will be interrupted.
2. That I will be administered the medicines necessary to control any symptom that may cause pain, suffering, illness or discomfort and ensure a dignified end to my life.
3. That, if the staff assisting me do not support the above, I want my wishes to be guaranteed and to receive care from care staff who respect my wishes.

- According to Law 3/2021 of 24 March, which regulates euthanasia:

- I DECLARE that this document has the formal consideration of a request for EXECUTION OF EUTHANASIA provided that the requirements laid down in the current Euthanasia Act, of which I am aware, are met, regardless of whether the criteria and instructions mentioned above to respect my will and my wishes are taken into account.

In case of doubt, the person appointed as representative will be the one who interprets my situation as 'severe suffering and impossibility'. My representative will be the one who will consider the appropriate time to request that the procedure established by law to perform euthanasia.

In the event that my representative cannot perform his or her duties and/or there is no substitute representative, I want the doctor responsible for my care to initiate the procedure when the circumstances required by the law are met.

- Additional instructions:

- Organ donation:  yes  no
- Donation of body to science  yes  no
- Place where you want to be helped:  At home  Hospital  Residence home
- Spiritual help:  yes  no
- If so, which one:

- Other instructions

\*\*\*\*\* HIGHLIGHT THE DESIRED OPTIONS \*\*\*\*\*

**C DESIGNATION OF REPRESENTATIVE AND ACCEPTANCE**

I, \_\_\_\_\_ appoint as my representative the person whose details are given below to carry out on my behalf any interpretation that may be necessary, as long as it does not contradict my statements of will contained in this document, and to ensure the strict application of its contents. This person should be considered the valid and necessary interlocutor of the care team responsible for my care .

**DETAILS OF THE REPRESENTATIVE**

SURNAME AND NAME		NIF/NIE OR PASSPORT	SIP
ADDRESS (STREET/SQUARE, NUMBER)		CP	PLACE
PROVINCE	TELEPHONE	E-MAIL	

ELEKTRONISCHE HANDTEKENING VAN DE VERTEGENWOORDIGER

In accordance with the provisions of Article 28 of Law 39/2015, of 1 October, on the Common Administrative Procedure for Public Services, the managing body of the procedure is authorised to directly obtain the representative's identity data if the representative does not expressly object.

In case of an objection to the management body obtaining such data directly, this must be stated below and the corresponding documents must be provided in the terms prescribed by the procedural rules.

I object to obtaining the identity details of the representative  
Reason for objection: \_\_\_\_\_

**D VERKLARING VAN DE GETUIGEN**

The undersigned, of full age, declare that the signatory of this document of prior will has done so fully consciously, without having been able to perceive any form of coercion in his/her decision. Also, at least one of them declares that he/she has no family or patrimonial ties of any kind with the declarant of this document, in accordance with the provisions of Article 44 of Law 16/2018, of 28 June, of the Generalitat, on the rights and guarantees of the dignity of the person in the process of end-of-life care.

NIF/NIE:

NIF/NIE:

NAME:

NAME

ELEKTRONISCHE HANDTEKENING VAN DE GETUIGENIS

ELEKTRONISCHE HANDTEKENING VAN DE GETUIGENIS

In accordance with the provisions of Article 28 of Law 39/2015, of 1 October, on the common administrative procedure of public administrations, if the witnesses do not expressly oppose it, the managing authority of the proceedings will be authorised to obtain their identity data directly.

In case of opposition to the direct obtaining of such data by the managing authority, they will have to mention it below and will be obliged to provide the corresponding documents in the terms required by the procedural rules.

I object to obtaining the identity details of the witness

II object to obtaining the identity details of the witness

a

a

Reason for objection \_\_\_\_\_

Reason for objection \_\_\_\_\_

**EN** SOLLICITATIE

The undersigned makes the declaration under B, declares that at least one of the witnesses named under D has no family or patrimonial ties and requests registration in the Register of Advance Directives of the Valencian Community and in the National Register of Advance Directives (RNIP).

ELEKTRONISCHEHANDTEKENING VAN DE AANGIFTE PERSOON

**F** BASISINFORMATIE OVER GEGEVENSBESCHERMING

Name of processing activity: Register of advance directives.

Purpose of processing: Register of advance directives of citizens that can be consulted from any point in the healthcare network, when a decision needs to be made about the person making the statement and they are unable to express their wishes.

Identity of the controller: Conselleria de Sanidad.

Legitimation: The processing of the data is necessary to comply with a legal obligation applicable to the controller, and for the performance of a task carried out in the public interest or in the exercise of public powers vested in the controller. The data subject consents to the processing of his or her personal data for one or more specific purposes. Law 41/2002, of 14 November, on patient autonomy. Royal Decree 1090/2015, of 4 December, regulating clinical trials of medicines. Law 3/2003, of 6 February, of the Generalitat, on the Health Organisation of the Valencian Community. Law 10/2014, of 29 December, of the Generalitat, on the Health of the Valencian Community. Law 8/2018, of 20 April, of the Generalitat, amending Law 10/2014, of 29 December, of the Generalitat, on the Health of the Valencian Community. And other legislation in force on health.

Rights of data subjects: They have the right to request access to their personal data, rectify or erase it, restrict processing, object to processing or not be subject to a decision based solely on automated processing, including profiling. Requests to exercise these rights can be made in person or online at the following link: [http://www.gva.es/va/inicio/procedimientos?id\\_proc=19970](http://www.gva.es/va/inicio/procedimientos?id_proc=19970).

Further information: You can consult the Regional Ministry of Health's register of processing activities at the following e-mail address: <http://www.san.gva.es/web/comunicacion/registre-de-tractament-de-dades>. You can contact the data protection representative at the following e-mail address: [dpd@gva.es](mailto:dpd@gva.es).