



**Article L. 1111-11 :** « Any adult may write advance directives in case they are one day unable to express their wishes. These advance directives indicate the person's preferences regarding end-of-life care, particularly concerning the conditions under which treatment may be limited or stopped. They may be revoked at any time.»

**In accordance with the above provisions, I, the undersigned :**

Mr, Mrs, Ms (2), Last name (*birth name or married name*): ....., (1)

Born (birth name) : ..... (1)

First name : ..... (1)

Date of birth ..... (1), place of birth ..... (1)

Address : .....

***Declare that I am writing this document freely, without external pressure, and in full possession of my mental faculties.*** If I am unable to express my wishes due to an incurable illness, whatever the cause, or a serious accident resulting in the irreversible deterioration of my faculties, **I REQUEST :**

These advance directives are of unlimited duration.  
However, they may be modified or revoked at any time.

Done at ..... on .....

*Signature :*

*(1) fill out the form*

(2) cross out what does not apply