

***END-OF-LIFE PROVISIONS FOR A CAPABLE ADULT PERSON WHO IS PERMANENTLY PHYSICALLY UNABLE TO DRAFT AND SIGN THESE PROVISIONS***

in accordance with the Law of 16 March 2009 on euthanasia and assisted suicide

End-of-life provisions are a request for euthanasia made in advance for cases where the patient, at a later time in their life, is in an irreversible state of unconsciousness according to science at that time and might suffer from a severe and incurable accidental or pathological.

Any capable adult person who is permanently physically unable to draft and sign end-of-life provisions may have the end-of-life provisions recorded in writing for the case where they might no longer be able to manifest their wishes.

The end-of-life provisions must be sent to the address indicated below.

National Commission for Control and Assessment  
of the Law of 16 March 2009 on euthanasia and assisted suicide

Ministry of Health

L – 2935 LUXEMBOURG

End-of-life provisions must be registered within the context of an official system for the systematic registration of end-of-life provisions with the National Commission for Control and Assessment. The provisions may be reiterated, withdrawn or adapted at any time. The National Commission for Control and Assessment is obliged, at least once every five years from the date of registration of the end-of-life provisions, to request confirmation of the declarant's wishes. All changes must be registered with the National Commission for Control and Assessment. Nevertheless, there may be no euthanasia if, following the procedures he is obliged to follow, the doctor obtains knowledge of an expression of the wishes of the patient after the end-of-life provisions have been duly registered, by means of which they withdraw their wish to undergo euthanasia.

**Section I. Obligatory data**

The personal data of the declarant are as follows:

- name, forename
- address
- reference
- date and place of birth
- telephone:

Optional:

- GSM:
- e-mail address:

The reasons why the declarant is permanently physically unable to draft and sign are as follows:

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.....  
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As proof, I append a medical certificate.

I have appointed the adult person (name, forename) ..... to record this declaration in writing. The personal data of that person are as follows:

- address
- reference
- telephone number
- date and place of birth
- possible family link

The declarant requests that the following be recorded in writing:

*“For the case where I can no longer manifest my wishes, I am having recorded in these end-of-life provisions that I wish to undergo euthanasia, if my doctor observes:*

*that I am afflicted by a severe and incurable accidental or pathological disorder,  
that I am unconscious, and  
that this situation is irreversible according to science at the time.*

*Personal remarks concerning the circumstances and conditions in which I wish to undergo euthanasia:*

*This declaration has been made freely and consciously. I wish these end-of-life provisions to be observed.”*

Date and signature of the person appointed to record this declaration as I am permanently physically unable to draft signer these end-of-life provisions:

<u>Date</u>
<u>Signature of the person appointed</u>
<u>+ Signature of the declarant if they are capable of signing</u>

## **Witnesses**

The adult witnesses present when this declaration was drafted are:

### **Witness ①**

name and forename  
address  
reference  
telephone number  
date and place of birth  
possible family link.

### **Witness ②**

name and forename  
address  
reference  
telephone number  
date and place of birth  
possible family link.

Signature of witness ①	Signature of witness ②
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**Section II. Optional data**

A. The adult person of trust who may be appointed to keep the doctor updated on the wishes of the declarant in accordance with their last declarations in this regard

name and forename  
address  
reference  
telephone number  
date and place of birth  
possible family link.

B. (Optional) provisions as to the mode of burial and the form of the funeral ceremony

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