

QUESTIONNAIRE IN PREPARATION FOR AN ADVANCE DIRECTIVE

In order to optimally prepare for your advance directive, we will need some information in advance. Please send us the completed form by email to info@cronbloch.ch or by post to Cron Bloch Notariat + Advokatur, Hauptstrasse 68, 4132 Muttenz.

1. Contracting Party

	(Details according to identity card)
Last Name(s)	_____
First Name(s)	_____
Date of Birth	_____
Nationality	_____
Place of Birth	_____
Civil Status	_____
Address	_____
Telephone	_____
E-Mail	_____

2. Directive Appointee and Substitutes

Who would you like to be appointed as your health care officer?

Directive Appointee	
Last Name(s)	_____
First Name(s)	_____
Date of Birth	_____
Nationality	_____
Place of Birth	_____
Address	_____ _____

Who should be appointed as your health care officer if the above named person is unable to exercise the office?

	Substitute 1 (optional)	Substitute 2 (optional)
Last Name(s)	_____	_____
First Name(s)	_____	_____
Date of Birth	_____	_____
Nationality	_____	_____
Place of Birth	_____	_____
Address	_____ _____	_____ _____

Priority of the substitute officers			
Substitute 1	<input type="checkbox"/> 1. Priority	<input type="checkbox"/> 2. Priority	<input type="checkbox"/> Joint priority
Substitute 2	<input type="checkbox"/> 1. Priority	<input type="checkbox"/> 2. Priority	<input type="checkbox"/> Joint priority

3. Further Details

Are there existing properties?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, plot number(s) or address(es):	<hr/> <hr/>			
Should the advance directive (subject to a fee) be deposited with the Erbschaftsamt (Inheritance Office)?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
I am able to sign the document by hand	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
I wish for a certification of the document at my home	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, please name the location (out-of-office certifications are only possible within the Canton of Basel-Landschaft):	<hr/> <hr/>			
Further remarks:	<hr/> <hr/> <hr/> <hr/>			

4. Attachments to Accompany the Form

	Copy of identification (ID / Passport) of the contracting party
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After having filled out this questionnaire, you are welcome to contact our office to arrange an appointment to discuss more details

Contracting Party

Place, Date

Signature
