



General and Advance Power of Attorney, Advance Healthcare Directive, Care Directive

Form | PDF

Procedure

In the interest of ensuring the prompt and efficient handling of your request, we require certain information from you. For this purpose, please use our form, which you may conveniently complete on your computer. Once you have finished entering your data, please save the PDF file and send it by e-mail to:

info@kanzlei-de-neve.de

You will subsequently receive immediate confirmation of receipt, and we will contact you personally within 48 hours.

Request

Consultation

The information provided below serves to prepare a consultation.

Draft

A draft notarial deed is to be prepared.

Principal

Surname

First name

Date of birth

Address

Attorney

Surname

First name

Date of birth

Address

Provisions requested

general power of attorney

advance power of attorney

care directive (appointment of guardian)

advance healthcare directive