

DECLARATION OF FINAL DISPOSITION & FUNERAL WISHES

DECLARANT

I, _____ (*full legal name of declarant*), being of sound mind and lawful age, hereby revoke all prior declarations concerning the disposition of my last remains and those provisions concerning disposition of my last remains found in a will, codicil, or power of attorney, and I declare and direct that after my death the provisions outlined in this document be taken.

APPOINTED AGENT

I, the above named declarant, appoint (*full legal name of agent*) _____ to carry out my wishes as set forth in this declaration. If this agent is unwilling or unable to act, I nominate (*full legal name of alternate agent*) _____ as my alternate agent.

DEATH ANNOUNCEMENT

I would like my death announced in the following public ways:

___ Obituary in a newspaper (please specify the newspaper: _____)

___ Social media (please specify the platform: _____)

___ Other (please specify: _____)

___ I do not wish to have any announcement published online or in print upon my death

DISPOSITION

1. If permitted by law, my body shall be (initial ONE choice):

____ Buried (*conventionally*)

____ Naturally buried

____ Entombed

____ Cremated by flame

____ Cremated by water (*alkaline hydrolysis*)

I would like my cremains (*initial all that apply*)

___ Inurned/buried at_____

___ Stored in _____ at_____

___ Scattered at_____

___ Composted (*natural organic reduction*)

I would like the compost my body creates to be used_____

___ Other: I direct that my body be disposed of as follows:_____

2. I have chosen the following provider/cemetery/crematory for my disposition (*enter n/a if unknown*):_____.

3. If for some reason my first choice of disposition isn't an option, I choose the following method(s) as an alternate:_____.

ORGAN/TISSUE/WHOLE BODY DONATION

I hereby make an anatomical gift, to be effective upon my death, of:

A._____ Any needed organs/tissues

B._____ The following organs/tissues

only:_____

C._____ Whole body donation to the following program_____

Donor signature: _____

BODY CARE

Prior to the disposition above, I want my body to be cared for in the following ways (bathing, anointing, clothing, accessories, makeup/cosmetizing):_____

VIEWING/VIGIL

- ___ At home for up to (how long) _____
- ___ At a mortuary/funeral home
- ___ Shrouded vigil only
- ___ No viewing at all
- ___ Public (advertised in a local paper)
- ___ Private

Additional notes on viewing:_____

CONTAINER

If request the following container:

- ___ Shroud
- ___ Casket
- ___ Urn

Additional notes on container:_____

CEREMONY

If request the following ceremonial arrangements for my funeral/memorial/celebration of life. *(This may include, but is not limited to location, songs/readings, religious vs. non-religious, officiant choice, colors, flowers, clothing, donations made in remembrance, etc. Attach additional pages as needed.)*_____

PAYMENT

_____ I have a pre-need/pre-paid contract with_____.
_____ I do not have a pre-need with any provider and as such my disposition and ceremony costs should be paid with funds from (life insurance, bank savings, other):_____.

I make all of these requests with a sound mind and I am acting of my own free will. I wish to have my funeral instructions respected and followed by those who survive me, to the best of their abilities and within the realm of what is possible at the time.

I may revoke or amend this declaration in writing at any time. I agree that a third party who receives a copy of this declaration may act according to it. Revocation of this declaration is not effective as to a third party until the third party learns of my revocation. My estate shall indemnify any third party for costs incurred as a result of claims that arise against the third party because of good-faith reliance on this declaration.

I execute this declaration as my free and voluntary act.

Date

(Signature of Declarant)

Notarization

STATE OF _____ COUNTY OF _____

On this __ day of _____, 20__, the said _____,

_____, and _____, known to me (or satisfactorily proven) to be the person named in the foregoing instrument and witnesses, respectively, personally appeared before me, a Notary Public, within and for the State and County aforesaid, and acknowledged that they freely and voluntarily executed the same for the purposes stated herein.

My Commission Expires: _____