



FINAL DISPOSITION AUTHORIZATION AND INSTRUCTIONS

I, _____, currently residing at the address of _____, being of sound mind, willfully and voluntarily make known by this document my desire that, upon my death, the final disposition of my remains be under the control of my representative, and, with respect to that final disposition only, I hereby appoint the representative and the successor representative named in this document. All decisions made by my representative with respect to the final disposition of my remains shall be binding and, for the guidance of my representative, I am making my wishes known as follows:

1. I wish to be cremated buried.

2. I would like my ashes:

3. I would like my remains interred:

4. I have made “pre-need” arrangements at:



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4. My representative shall be:

_____, who is my _____

5. If my representative dies, becomes incapacitated, resigns, refuses to act, ceases to be qualified, or cannot be located within the time necessary to control the final disposition of my remains, I hereby appoint the following individual to serve as my successor representative, in the following order of priority:

1. _____, who is my _____

2. _____, who is my _____

This authorization becomes effective upon my death. I hereby revoke any prior final disposition authorizations and/or instructions that I may have signed before the date that this document is signed. I hereby agree that any funeral director, crematory authority, or cemetery authority that receives a copy of this document may act under it. Any modification or revocation of this document is not effective as to a funeral director, crematory authority, or cemetery authority until the funeral director, crematory authority, or cemetery authority receives actual notice of the modification or revocation. No funeral director, crematory authority, or cemetery authority may be liable because of reliance on a copy of this document.

Dated: _____

PRINT AND SIGN NAME



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I attest that _____, the person who signed this document, did so or acknowledged signing this document in my presence and that she appears to be of sound mind and not subject to duress, fraud, or undue influence. I further attest that I am not the representative or the successor representative appointed under this document, that I am at least eighteen (18) years of age, and that I am not related to the person who signed this document by blood, marriage, or adoption.

Signature of Witness 1

Street Address of Witness 1

Printed Name of Witness 1

City, State of Witness 1

Date: _____

Signature of Witness 2

Street Address of Witness 2

Printed Name of Witness 2

City, State of Witness 2

Date: _____