

DISPOSITION OF BODILY HUMAN REMAINS

By this letter, written this _____ day of _____, 20____, I _____(Declarant) hereby specify the procedures that I want to be followed for my funeral and the disposition of my body.

I designate and direct that _____, be fully and solely in charge of the disposition of my bodily human remains. I authorize this agent to make all decisions necessary for the disposition of my bodily human remains; performance of funeral and memorial services; to publish in any newspaper an obituary notice containing whatever information she/he may choose; to contract with any competent person or company for the rendering of professional services by any funeral director of his/her choosing. I also desire that any supplemental arrangements not specified herein should be made by this agent. He/She is not obligated in any way to permit other persons to participate in these decisions, but I leave to him/her discretion whether to request the opinions of other persons, such as my next of kin. _____ can be reached at _____.

If I have written my wishes below, they should be followed. If not, the person I have named should decide based on conversations we have had, my religious or other beliefs and values, my personality, and how I reacted to other peoples' funeral arrangements. I direct that my remains be disposed of in the following manner:

Alternate Agent: In the event that _____ is unable or unwilling to serve, I direct and appoint _____ as an alternate agent who will follow the foregoing directions regarding my disposal. By signing below, I indicate that I am emotionally and mentally competent to make this designation and that I understand the purpose and effect of this document. _____ can be reached at _____.

Respectful Remembrance: During any memorial service or preparation thereof, I direct all coroners, funeral home employees, healthcare workers, and participants to refer to me by the name of _____, and to use the _____ pronoun(s), and to maintain _____ appearance, irrespective of whether I have obtained a court-ordered name change, changed my gender marker on any identification document, or undergone any transition-related medical treatment. [Delete for clients unconcerned with gender identity]

DECLARANT

Signed by _____ in our presence; and we, in his presence, have hereunto subscribed our names as witnesses thereto as of the day and year last above written.

Witness Signature

Witness Signature

Printed Name

Printed Name

Address

Address

State _____)
) S.S.
County _____)

NOTARIAL ACKNOWLEDGMENT. Before me, the undersigned authority, on this day, personally appeared _____, the Declarant, and

_____, _____, known to me (or satisfactorily proven to me) to be the Declarant and the witnesses, respectively, whose names are signed to the attached or foregoing instrument, and (all of these persons being first duly sworn by me): the Declarant, _____, signed the foregoing Disposition of Bodily Human Remains dated the ____ day of _____, 20____, and declared to me and to the witnesses in my presence that he willingly signed the same and executed it in the presence of said witnesses and me as his free and voluntary act and deed for the purposes therein expressed; whereupon the witnesses, in the presence of the Declarant, each other, and me, also signed the same foregoing instrument.

GIVEN under my hand and seal the ____ day of _____, 20____.

Notary Public
My Commission Expires: _____
(Notarial Seal)