

APPOINTMENT OF DESIGNATED AGENT

I, _____, appoint _____ as designated agent to provide decision making authority and financial responsibility for my funeral and/or disposition arrangements.

The designated agent understands:

- A valid written document expressing my wishes regarding the place or method of disposition, signed in the presence of a witness is sufficient legal authorization for the procedures to be accomplished.
- Any arrangements I have prepaid or filed with a licensed funeral establishment or cemetery authority are not subject to cancellation or substantial revision.
- If arrangements have not been prepaid or filed with a licensed funeral establishment or cemetery authority, the designated agent has full authority of all decision making and financial responsibility.
- If the cost of executing my prearrangement wishes exceeds the amount prepaid by me (if any), the designated agent will assume financial responsibility for the cost of goods and services purchased.

Declarant Authorizing Appointment

Signature:	Date:
------------	-------

Appointed Designated Agent

Name:	
Address:	Phone:
Signature:	Date:

Witness

Name:	
Address:	Phone:
Signature:	Date:

If my appointed agent is unwilling or unable to serve, I appoint a contingent agent, named below, having the same responsibilities and obligations as my designated agent.

Contingent Designated Agent

Name:	
Address:	Phone:
Signature:	Date: