

Declaration Regarding Disposition of Physical Body, After Death

I, _____ after thoughtful deliberation, being of sound mind and more than 21 years of age, in exercise of my paramount right to direct the manner of disposal of my physical body after my death, and in order to state clearly my direction, do willfully and voluntarily make this Declaration and do hereby declare:

FIRST Autopsy is a violation of my spiritual convictions and religious beliefs and therefore no autopsy shall be performed upon my physical body under any circumstances.

SECOND After death has taken place, my physical body shall not be embalmed or in any way artificially preserved, except by means of refrigeration, air conditioning, ice, or dry ice.

THIRD For the period of 72 hours after death has taken place, I request that _____ (name and phone number) take custody of my body (acting as my Death Care Agent) and exercise their right to care for and dispose of my body. If _____ is not available for this, then I request that friends or my religious group be allowed to care for and dispose of my body. If this is not possible because of the laws of the state, I request that my family, friends, and acquaintances have access to the presence of my physical body in order to take part in prayer, read spiritual literature, and perform any practices associated with care of the body after death. I request that these activities and my funeral arrangements be supported by:

FOURTH I request that my family, friends, and religious group make the following funeral service arrangements:

FIFTH No fewer than 72 hours after my death, my physical body shall be (buried) or (cremated). My remains shall be disposed of as follows:

SIXTH The directions herein expressed are based upon my deeply held philosophical conviction, religious belief and spiritual practice. I hereby request

to guide and support my family and friends as necessary in the fulfillment of these directions.

SEVENTH I have made firm and settled commitment, while competent, to express the directions stated herein, which are of great importance to me. I request that my directions as herein expressed be given precedence and controlling force over all other interest by any judge or court or other public authority. I request that my relatives and friends respect the directions expressed herein.

EIGHTH This Declaration shall remain in effect indefinitely unless I revoke it.
NINTH I understand the full import of this Declaration and I am emotionally and mentally competent to execute it.

IN ACKNOWLEDEMENT WHEREOF, I affix my signature on this Declaration, in the presence of the Witnesses whose names appear below and request that they witness my signature on

This _____ day of _____, _____(year)

At the city of _____, County of _____

State of _____

DECLARANT:

Signature

Printed Name

STATEMENT BY WITNESSES:

_____, the Declarant, signed this instrument in my presence. The Declarant is personally known to me and is, to my judgment, of sound mind, of full mental capacity, and emotionally and mentally competent to express (his) (her) desires. I am at least 21 years of age.

Witness Name: _____ Witness Name: _____

Date: _____ Date: _____

Signature: _____ Signature: _____

NOTARY

State of _____, County of _____

On this ___ day of _____, _____, the said Declarant: _____,

and witnesses: _____, 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 on_____. Notary _____

Signed

Printed

SEAL