

ADVANCE APPOINTMENT OF DECEDENT'S REPRESENTATIVE

I, _____,
(print your full name)

appoint _____,
(print representative's full name)

or as an alternate _____
(print alternate representative's full name)

as my representative acting on my behalf for the disposition of my body at the time of my death. This person shall act without compensation and follow all state and local laws. These persons have been apprised of my desires regarding final disposition and ceremonials.

(Your Signature)

(Date)

(Your Address)

(Your Driver's License Number, for identification)

(NOTE: If you are completing this form for someone who has given you power of attorney, sign the incapacitated person's name and your own, e.g.: "John Doe by Mary Doe, attorney in fact." Please supply the funeral home with a copy of the power of attorney.)

WITNESS:

I hereby certify that the individual identified above signed this Advance Authorization for Decedent's Representative in my presence and that I have affixed my signature as a witness to this document in the presence of said individual.

(Witness's Signature)

(Date)

NOTE: If you are a Virginia resident, this form must be notarized.