AUTHORIZATION FOR FINAL DISPOSITION OF MY BODY
State of Wisconsin

I, (print name and address), _____

_____, 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 under the requirements of section 154.30, Wisconsin statutes, and, with respect to that final disposition only, I hereby appoint the representative and any successor representative named in this document. All decisions made by my representative or any successor representative with respect to the final disposition of my remains are binding.

Name of representative: _____

Address _____

Telephone number _____

(OPTIONAL) 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 individuals, each to act alone and successively, in the order specified, to serve as my successor representative:

1. Name of first successor representative _____

Address _____

Telephone number _____

SPECIAL DIRECTIONS – You may write down your wishes concerning the type of funeral, burial, cremation, or anatomical donation of your body. This is the place to give guidance on whether you want or do not want services such as embalming, public or private viewing of your body, cremation or whole body burial, and other practical matters. If you wish your designated agent, family members, friends, or religious community to arrange and carry out your funeral without using a commercial funeral home, you should indicate this clearly below. Attach additional sheets as necessary.

INSTRUCTIONS FOR RELIGIOUS, SECULAR, OR OTHER MEMORIAL OBSERVANCES:

SUGGESTED SOURCE OF FUNDS FOR IMPLEMENTING FINAL DISPOSITION DIRECTIONS AND INSTRUCTIONS _____

_____

This authorization becomes effective upon my death. I hereby revoke any prior authorization for final disposition 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.

The representative and any successor representative, by accepting appointment under this document, assume the powers and duties specified for a representative under section 154.30, Wisconsin statutes.

Signed this _____ day of _____

Signature of declarant _____

I hereby accept appointment as representative for the control of final disposition of the declarant's remains.

Signed this _____ day of _____

Signature of representative _____

I hereby accept appointment as successor representative for the control of final disposition of the declarant's remains.

Signed this _____ day of _____

Signature of first successor representative _____

I attest that the declarant signed or acknowledged this authorization for final disposition in my presence and that the declarant 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 aged at least 18, and that I am not related to the declarant by blood, marriage, or adoption.

Witness 1 (print name)_____

Signature _____

Address _____

Date _____

Witness 2 (print name)_____

Signature _____

Address _____

Date _____

(OR)

State of Wisconsin

County of _____

On (date)_____, before me personally appeared _____, known to me or satisfactorily proven to be the individual whose name is specified in this document as the declarant and

who has acknowledged that he or she executed the document for the purposes expressed in it. I attest that the declarant appears to be of sound mind and not subject to duress, fraud, or undue influence.

Notary public _____

My commission expires _____