**Designation of Authority to Dispose of Remains**

*as authorized by AL Statute §34-13-11*

State of Alabama

County of _____

I, _____

designate _____ to

control the disposition of my remains upon my death. I

__ have

__ have not

attached specific directions concerning the disposition of my remains. If specific

directions are attached, the designee shall substantially comply with those

directions, provided the directions are lawful and there are sufficient resources in my estate to carry out those directions.

Subscribed and sworn to before me this ___ day of the month of _____

of the year _____.

_____

(signature of notary public)