

## Directions for the Disposition of my Body

I, \_\_\_\_\_ hereby declare that it is my desire upon my death for my remains to be handled in the following manner:

\_\_\_\_ BURIAL      \_\_\_\_ ALKALINE HYDROLYSIS (Aquamation)      \_\_\_\_ CREMATION  
\_\_\_\_ GREEN BURIAL      \_\_\_\_ NATURAL ORGANIC REDUCTION

I may further direct the following funeral home to manage my disposition.

\_\_\_\_\_  
(Name of funeral home)

\_\_\_\_\_  
(Phone number)

\_\_\_\_\_  
(Address)

- I HAVE filled out the necessary disposition authorization forms and they are on file with the named entity above.
- I HAVE prearrangements where I have purchased a Final Expense Insurance Policy with the named entity above.
- I HAVE prearrangements where I have placed funds into an annuity with the named entity above.
- I HAVE purchased (check all those purchased) \_\_\_\_ cemetery property \_\_\_\_ headstone \_\_\_\_ opening/closing fee \_\_\_\_ burial vault/liner with \_\_\_\_\_.
- I HAVE NOT purchased any of the above and need my next of kin or designated funeral agent to do that on my behalf and be reimbursed from my estate where possible.

I may further direct that the funeral home release my remains to the following person(s):

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

I may further direct that my remains be scattered/spread in the following location:

Name/Address of Location: \_\_\_\_\_

Name/Address of Location: \_\_\_\_\_

Notes:

