

A FOUNDATION OF SERVICE

### **AUTHORIZATION FOR FINAL DISPOSITION**

#### 1. **DECLARANT:**

Name:

Address:

I, being of sound mind, willfully and voluntarily state that, upon my death, the final disposition of my remains may 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 Section 2 and 3 below. All decisions made by my Representative or any Successor Representative with respect to the final disposition of my remains are binding.

**REPRESENTATIVE:** (If the Representative is a group of persons, indicate the 2. name, last known address, and telephone number of each person in the group on the Addendum attached to the end of this document.)

Name:\_\_\_\_\_\_ Telephone number:\_\_\_\_\_

Address:

SUCCESSOR REPRESENTATIVE: If my Representative dies, becomes 3. 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 individual or individuals, each to act alone or successively, in the order specified, to serve as my Successor Representative(s).

(If the Successor Representative is a group of persons, indicate the name, last known address, and telephone number of each person in the group on the Addendum attached to the end of this document.)

Name: Telephone number:

Address:

SUGGESTED SPECIAL DIRECTIONS REGARDING HOW THE RIGHT 4. OF DISPOSITION SHOULD BE EXERCISED, INCLUDING ANY RELIGIOUS OBSERVANCES:

# 5. SUGGESTED SOURCES OF FUNDS FOR IMPLEMENTING FINAL DISPOSITION DIRECTIONS AND INSTRUCTIONS:

6. **DURATION:** The appointment of my Representative and, if applicable, Successor Representative, becomes effective upon my death.

7. **PRIOR APPOINTMENTS REVOKED:** I hereby revoke any prior authorization for final disposition that may have been signed prior to the date upon which this document was signed.

8. **AUTHORIZATION TO ACT:** I hereby agree that any funeral director, cremation 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 any funeral director, cremation authority, or cemetery authority until that funeral director, cremation authority receives actual notice of the modification or revocation. No funeral director, cremation authority, or cemetery authority shall be liable because of their reliance on a copy this document.

Date:\_\_\_\_\_

(Signature of Declarant)

**ACKNOWLEDGEMENT OF ASSUMPTION OF POWERS AND DUTIES:** The Representative, and any Successor Representative, by accepting appointment under this document, assumes the powers and duties specified for a representative under Section 154.30, Wisconsin statutes.

**ACCEPTANCE:** I hereby accept appointment as Representative or Successor Representative for control of final disposition of the Declarant's remains.

Date:\_\_\_\_\_

Signature of Representative (if Representative is a group of persons, each person in the group shall sign on the Addendum attached to the end of this document)

Date:\_\_\_\_\_

Signature of Successor Representative (if Successor Representative is a group of persons, each person in the group shall sign on the Addendum attached to the end of this document) **WITNESSES:** 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 Successor Representative appointed under this document, that I am at least eighteen years of age, and I am not related to the Declarant by blood, marriage, or adoption.

First witness:

	Date:
Signature	
	Residing at
Name (printed)	
Second witness:	
	Date:
Signature	
	Residing at
Name (printed)	
	OR
NOTARY ACKNOWLED	GEMENT:
State of Wisconsin ) ) SS:	
) 55: County of)	
Onknown to me	_, 20, before me, personally appeared e or satisfactorily proven to be the individual whose name is
specified on this document as the De	eclarant, and who has acknowledged that he or she executed essed in it. I attest that the Declarant appears to be of sound

SEAL

Signature of notary public

My Commission Expires: \_\_\_\_\_

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### ADDENDUM TO APPOINTMENT OF REPRESENTATIVE

## LIST OF ADDITIONAL REPRESENTATIVES (all have equal authority):

1)	Name:Address: Telephone No.: Signature:	-	Name:Address: Telephone No.: Signature:
3)	Name: Address: Telephone No.: Signature:	4) 	Name:   Address:   Telephone No.:   Signature:
	LIST OF ADDITIONAL SUCCES	SOR REPRE	SENTATIVES (Check 1 box below):
	All Successor Representatives have equa	al authority; O	PR
	The Successor Representatives shall have	ve authority in	the priority numbered below:
1)	Name: Address:		Name: Address:
	Telephone No.:Signature:		Telephone No.: Signature:
3)	Name: Address:		Name: Address:
	Telephone No.:	_	Telephone No.:
	Signature:	-	Signature:
5)	Name: Address:	6)	Name: Address:
	Telephone No.:	-	Telephone No.:
	Signature:	-	Signature: