

APPOINTMENT FOR DISPOSITION OF REMAINS

Pursuant to Texas Health and Safety Code Section 711.002

I, _____, being of sound mind, willfully and voluntarily make known my desire that, upon my death, the disposition of my remains shall be controlled by _____ in accordance with Section 711.002 of the Texas Health and Safety Code and, with respect to that fact only, I hereby appoint such person as my agent.

All decisions made by my agent with respect to the disposition of my remains, including cremation, shall be binding.

SPECIAL DIRECTIONS. Set forth below are any special directions limiting the power granted to my agent. _____

AGENT:

Name: _____

Address: _____

Telephone Number: _____

SUCCESSORS. If my agent or a successor agent dies, becomes legally disabled, resigns, or refuses to act, or if I divorce my agent or successor agent and this instrument does not state that the divorced agent or successor agent continues to serve after my divorce from that agent or successor agent, I hereby appoint the following persons (to act alone and successively in the order named) to serve as my agent to control the disposition of my remains as authorized by this document.

APPOINTMENT FOR DISPOSITION OF REMAINS OF _____

FIRST SUCCESSOR AGENT:

Name: _____

Address: _____

Telephone Number: _____

SECOND SUCCESSOR AGENT:

Name: _____

Address: _____

Telephone Number: _____

DURATION. This appointment becomes effective upon my death.

PRIOR APPOINTMENTS REVOKED. I hereby revoke any prior appointment of any person to control the disposition of my remains.

RELIANCE. I hereby agree that any cemetery organization, business operating a crematory or columbarium or both, funeral director or embalmer, or funeral establishment which receives a copy of this document may act under it. Any modification or revocation of this document is not effective as to any such party until that party receives actual notice of the modification or revocation. No such party shall be liable because of reliance on a copy of this document.

ASSUMPTION. THE AGENT, AND EACH SUCCESSOR AGENT, BY ACCEPTING THIS APPOINTMENT, ASSUMES THE OBLIGATIONS PROVIDED IN AND IS BOUND BY THE PROVISIONS OF SECTION 711.002 OF THE TEXAS HEALTH AND SAFETY CODE.

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SIGNATURES.

This written instrument and my appointment of an agent and successor agents in this instrument are valid without the signature of my agent and successor agents below. An agent or successor agent must indicate acceptance of the appointment by signing below before acting as my agent.

Signed this ____ day of _____, 20__.

Printed Name _____

STATE OF TEXAS

COUNTY OF _____

This document was acknowledged before me on _____, 20__
by _____.

Notary Public in and for the
State of Texas

APPOINTMENT FOR DISPOSITION OF REMAINS OF _____

ACCEPTANCE AND ASSUMPTION BY AGENT. I have no knowledge of or any reason to believe that this Appointment for Disposition of Remains has been revoked. I hereby accept the appointment made in this instrument with the understanding that I will be individually liable for the reasonable cost of the decedent's interment, for which I may seek reimbursement from the decedent's estate.

Acceptance of Appointment by

Printed Name _____

Date _____

Acceptance of Appointment by

Printed Name _____

Date _____

Acceptance of Appointment by

Printed Name _____

Date _____