



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.

2. REPRESENTATIVE: (If the 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: _____

3. SUCCESSOR REPRESENTATIVE: 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 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: _____

4. SUGGESTED SPECIAL DIRECTIONS REGARDING HOW THE RIGHT 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, or cemetery 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)

First witness:

Name (printed) _____ Residing at _____

Name (printed)

Residing at _____

NOTARY ACKNOWLEDGEMENT:

On _____, 20____, before me, personally appeared _____, known to me or satisfactorily proven to be the individual whose name is specified on this document as the Declarant, and who has acknowledged that he or she executed this 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.

My Commission Expires: _____

ADDENDUM TO APPOINTMENT OF REPRESENTATIVE

LIST OF ADDITIONAL REPRESENTATIVES (all have equal authority):

- | | | | |
|----|--|----|--|
| 1) | Name: _____
Address: _____

Telephone No.: _____

Signature: _____ | 2) | Name: _____
Address: _____

Telephone No.: _____

Signature: _____ |
| 3) | Name: _____
Address: _____

Telephone No.: _____

Signature: _____ | 4) | Name: _____
Address: _____

Telephone No.: _____

Signature: _____ |

LIST OF ADDITIONAL SUCCESSOR REPRESENTATIVES (Check 1 box below):

- ☐ All Successor Representatives have equal authority; OR
- ☐ The Successor Representatives shall have authority in the priority numbered below:

- | | | | |
|----|--|----|--|
| 1) | Name: _____
Address: _____

Telephone No.: _____

Signature: _____ | 2) | Name: _____
Address: _____

Telephone No.: _____

Signature: _____ |
| 3) | Name: _____
Address: _____

Telephone No.: _____

Signature: _____ | 4) | Name: _____
Address: _____

Telephone No.: _____

Signature: _____ |
| 5) | Name: _____
Address: _____

Telephone No.: _____

Signature: _____ | 6) | Name: _____
Address: _____

Telephone No.: _____

Signature: _____ |