

DECLARATION OF DISPOSITION OF LAST REMAINS

I, _____, being of sound mind and lawful age, hereby revoke all prior declarations, wills, codicils, trust, powers of appointment, and powers of attorney regarding the disposition of my last remains, and I declare and direct that after my death the following provisions be taken:

1. If permitted by law, my body shall be (Initial **ONE** choice):

_____ **Buried.** I direct that my body be buried at _____.

_____ **Cremated.** I direct that my cremated remains be disposed of as follows:

_____ **Entombed.** I direct that my body be entombed at _____.

_____ **Other.** I direct that my body be disposed of as follows: _____

Disposed of as _____ (Name of Designee) shall decide in writing. If

_____ is unwilling or unable to act, I nominate

_____ as my alternate designee.

2. I request that the following ceremonial arrangements be made (initial desired choice or choices):

_____ I request _____ make all arrangements for any ceremonies, consistent with my directions set forth in this declaration. If

_____ is unwilling or unable to act, I nominate _____ as my alternate designee.

_____ **Funeral.** I request the following arrangements for my funeral: _____

_____ **Memorial Services.** I request the following arrangements for my memorial service: _____

3. Special Instructions. In addition to the instructions above, I request (special requests regarding ceremonies or lack of ceremonies): _____

Note: Those persons or entities asked to carry out a declarant's intent regarding disposition of last remains and ceremonial arrangements need do so only if the declarant's intent is reasonable under the circumstances. "Reasonable under the Circumstances" may take into consideration factors such as known prepaid funeral, burial, or cremation plan of the declarant, the size of the declarant's estate, cultural or family customs, the declarant's religious or spiritual beliefs, the known or unreasonably ascertainable creditors of the declarant, and the declarant's financial situation prior to death.

I may revoke or amend this declaration in writing at any time. I agree that a third party who receives a copy of this declaration may act according to it. Revocation of this declaration is not effective as to a third party until the third party learns of my revocation. My estate shall indemnify any third party for costs incurred as a result of claims that arise against the third party because of good-faith reliance on this declaration.

I execute this declaration as my free and voluntary acts on _____,
Date

(Declarant)

The following section regarding organ and tissue donation is optional. To make a donation, initial option you select and sign below.

In the hope that I might help others, I hereby make an anatomical gift, to be effective upon my death of:

- A. _____ any needed organs/tissues.
- B. _____ the following organs/tissues: _____

Donor Signature: _____

State of Delaware

Acknowledged before me by _____, Declarant,

On this _____ day of _____, 20____.

Notary Public

My commission expires:

