

My Burial Wishes

FOR USE IN: AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, IN, ME, MD, MA, MS, MO, MT, NH, NM, NY, NC, ND, OH, OK, OR, PA, SC, SD, TN, UT, VT, WA, WI, WY

APPOINTMENT OF AGENT(S) In recognition that there may come a time, after my death, that decisions will need to be made with regard to the care and disposition of my body, I

LEGAL NAME _____ ADDRESS _____

HEBREW NAME (IF KNOWN) _____ FATHER'S HEBREW NAME (IF KNOWN) _____

being of sound mind, willfully and voluntarily make known my desire that, upon my death, the disposition of my remains shall be controlled by the following person(s), whom I hereby appoint as my agent(s) regarding the disposition of my remains, and I hereby revoke any prior appointment of any person to control disposition of my remains.

NAME OF PRIMARY AGENT _____ NAME OF SUCCESSOR AGENT (OPTIONAL) _____

TELEPHONE (CELL) _____ EMAIL _____ TELEPHONE (CELL) _____ EMAIL _____

DIRECTIONS I do hereby direct that the following "special directions" limit the power of my agent(s) and shall be followed in all events, whether or not my agent is able to act as such. No decisions regarding dissection, autopsy, donation of body organs, or the preparation for and time of my burial shall be made by anyone other than my agent(s) named above, so long as either is available, or in violation of my special directions.

- My body should be buried and not cremated. _____(Initial)
- I object to any autopsy of my body except when permitted by Jewish law. _____(Initial)
- I should receive a tahara and my funeral should be conducted according to Jewish law and tradition. _____(Initial)

MY SIGNATURE (*Sign only in front of witnesses*) _____ MY PRINTED NAME _____ DATE _____

If you are not physically capable of signing, another person may sign your name on your behalf, and note that this was done.

DECLARATION OF WITNESS *Close relatives, agent(s), healthcare workers, and beneficiaries of the estate may not serve as witnesses.* I declare that the person who executed this document is personally known to me or produced identification and appears to be of sound mind and acting of his or her free will. He or she signed or asked another to sign for him or her this document in my presence.

WITNESS 1 SIGNATURE _____ WITNESS 2 SIGNATURE _____

WITNESS 1 PRINTED NAME _____ WITNESS 2 PRINTED NAME _____

WITNESS 1 ADDRESS _____ WITNESS 2 ADDRESS _____

ACCEPTANCE AND ASSUMPTION BY AGENT(S) *In some states, an agent's authority to act is not effective until the agent signs below.*

- 1. I have no reason to believe there has been a revocation of this appointment to control disposition of remains.
- 2. I hereby accept this appointment.
- 1. I have no reason to believe there has been a revocation of this appointment to control disposition of remains.
- 2. I hereby accept this appointment.

SIGNATURE OF PRIMARY AGENT _____ DATE _____ SIGNATURE OF SUCCESSOR AGENT (*if applicable*) _____ DATE _____

IT IS RECOMMENDED THAT COPIES OF THIS FORM BE GIVEN TO THE AGENT(S) NAMED ABOVE, FAMILY MEMBERS, ATTORNEY, SOCIAL WORKER, RABBI, OR ANYONE LIKELY TO BE CONTACTED IN THE EVENT OF YOUR DEATH.



OPTIONAL INFORMATION ON BACK
DOWNLOAD THIS FORM AT LASTKINDNESS.ORG



OPTIONAL INFORMATION

My Last Will and Testament is located at:

I have already bought a grave. The deed or permit for my grave is located at:

The grave is located at:

NAME OF CEMETERY

SECTION

BLOCK

ROW

GRAVE

The funeral home where I have already made pre-arrangements is: would like to have my funeral arranged is:

NAME OF FUNERAL HOME

PHONE NUMBER

ADDRESS OF FUNERAL HOME

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THE AGENT(S) NAMED ABOVE, FAMILY MEMBERS, ATTORNEY, SOCIAL WORKER, RABBI,
OR ANYONE LIKELY TO BE CONTACTED IN THE EVENT OF YOUR DEATH.

Instructions for Completing the **My Burial Wishes** Form

FILLING OUT THE FORM

1. Choose the version of My Burial Wishes applicable for your state. If you divide your time between two or more states, and those states employ different versions, execute the document for the state that is your primary residence.
2. You do not need two agents. However, it is advisable to have two if there is a possibility that your primary agent may be unable to perform their duties.
3. **Do not:**
 - a. Sign or date the document until the notary or witnesses are present.
 - b. Initial any boxes until the notary or witnesses are present.
4. You can either print the blank document and write in the information by hand, or fill in the fields on the computer, then print the partially completed document.
5. If you are unable to sign for yourself, someone may sign on your behalf, *but must note on the form that they did so.*

WITNESSING

6. If your document requires **two witnesses**:
 - a. Do not use as a witness anyone who could be construed to have any personal interest in the execution of this document. This includes a parent, sibling, child, grandchild, as well the people you are appointing as your agent(s), anyone on your healthcare team, or any beneficiary of your estate.
 - b. Both witnesses must be present when they sign.
7. If your document requires **notarization**, you should bring identification with you to prove your identity to the notary. In some states, if the notary knows you personally, their knowledge sufficiently establishes your identity, but this is not the case in all states.
8. If your document requires **both** witnesses and notarization:
 - a. Only the notary needs to be present when you sign.
The notary is attesting that **you signed** the document in front of him or her.
The witnesses are attesting that **you told them** you signed the document.
 - b. The witness rules stated above in #5 also apply to witnesses in this case.

ACCEPTANCE BY YOUR AGENT(S)

8. In some states, an agent does not have authority to act until they have signed the document, stating that they accept their appointment as your agent.

AFTER THE DOCUMENT IS EXECUTED

Once the document is signed, witnessed and/or notarized, and your agent(s) signed that they accept their appointment:

- a. A copy of the form should be kept with your medical information.
- b. Additional copies should be sent to anyone likely to be contacted in the event of your death, including but not limited to your family members, attorney, social worker, or rabbi.
- c. Keep the original so you can give a copy of it to whoever you might need to in the future.