

FUNERAL AND DISPOSITION OF REMAINS DIRECTIVE DECLARATION

PARISH OF	
I	, hereinafter DECLARANT , being of sound mind and
	ion, hereby nominate and appoint:
Name:	
Residence Address:	
Telephone #:	
to serve as my AGENT regarding LA Rev Stat §§ 8:655 and 37:876	g my funeral and the disposition of my remains pursuant to
the disposition of my remains. The notify my Agent of this appointment	y and power to control the arrangements for my funeral and e Executor of my estate, if different from my Agent, shall ent in a timely manner and shall advise my Agent of the out the funeral and disposition arrangements.
	should predecease me or be unable or unwilling to serve
	pint to be my successor agent the following:
Name:	
Residence Address:	
Telephone #:	

STATE OF LOUISIANA



MY DIRECTIVES ARE AS FOLLOWS:

_____ My remains are to be <u>cremated.</u>

_____ My remains are to be *buried*.

Additional notes: ______

Regarding any ceremony or event to commemorate my death:

Accordingly, I direct that my heirs, succession representative, surviving spouse or any person kindred adopt no steps to frustrate the effectuation of my wishes and desires herein expressed.

Signature page follows



DECLARANT Signature:
Print Name of DECLARANT :
WITNESSES:
Signature:
Print Name:
Signature:
Print Name:

Notary Public Name: _____ ID #: ____
