

## Declaration Of Disposition Of Last Remains

I, \_\_\_\_\_, being of sound mind and lawful age, hereby revoke all prior declarations concerning the disposition of my last remains and those provisions concerning my last remains found in a will, codicil, or power of attorney, 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 [the ashes] 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 person] shall decide in writing. If he or she 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 \_\_\_\_\_ [name of person] make all arrangements for any ceremonies, consistent with my directions set forth in this declaration. If he or she is unwilling or unable to act, I nominate \_\_\_\_\_ as my alternate designee.

Funeral [a ceremony with the body present]. I request the following arrangements for my funeral:

Memorial Service [a ceremony without the body]. I request the following arrangements for my memorial service:

**3.** Special instructions. In addition to the instructions above, I request (on the following lines you may make special requests regarding ceremonies or lack of ceremonies):

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 act on \_\_\_\_\_.  
(date)

\_\_\_\_\_  
Declarant

[Notarization optional]

State of Colorado )  
 ) ss.  
County of \_\_\_\_\_ )

Acknowledged before me by \_\_\_\_\_, Declarant, on \_\_\_\_\_.  
(date)

My commission expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public  
[seal]