FUNERAL PLANNING DECLARATION authorized by Indiana Code 29-2-19-9

| Declaration made this day of (month, year). I,, | | |
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| Declaration made this day of (month, year). I,, being at least eighteen (18) years of age and of sound mind, willfully and voluntarily make known my instructions concerning funeral services, ceremonies, and the disposition of my remains after my death. | | |
| I hereby declare and direct that after my death | | |
| I hereby declare and direct that after my death the following actions be taken (indicate your choice by initialing or making your mark before signing this declaration): | | |
| (1) My body shall be: | | |
| (A) Buried. I direct that my body be buried at | | |
| (B)Cremated. I direct that my cremated remains be disposed of as follows: | | |
| | | |
| (C) Entombed. I direct that my body be entombed at | | |
| (D) I intentionally make no decision concerning the disposition of my body, leaving the decision to my designee (as named above). | | |
| (2) My arrangements shall be made as follows: | | |
| (A) I direct that funeral services be obtained from: | | |
| (B) I direct that the following ceremonial arrangements be made: | | |
| | | |
| (C) I direct the selection of a grave memorial that: | | |
| | | |

| (D) I direct that the following merchandise and funeral or other ceremonial arrangements: | other property be selected for the disposition of my remains, my |
|---|--|
| | |
| (E) I direct that my designee (as named above funeral services. | ve) make all arrangements concerning ceremonies and other |
| (3) In addition to the instructions listed above | re, I request the following: |
| | |
| (4) If it is impossible to make an arrangemen | nt specified above because: |
| • a funeral home or other service provider is provide the specified service; or | out of business, impossible to locate, or otherwise unable to |
| • the specified arrangement is impossible, im | practical, unaffordable, or illegal; |
| I direct my designee to make alternate arranger | nents to the best of the designee's ability. |
| | ed by my family and others as the final expression of my sition of my body after my death. I understand the full import of |
| Signed | |
| (City, County, and State of Residence) | |
| declarant's signature above for or at the direction | believe the declarant to be of sound mind. I did not sign the on of the declarant. I am not a parent, spouse, or child of the eclarant's estate. I am competent and at least eighteen (18) years |
| Witness | Date |
| Witness | Date |