

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]