

**APPOINTMENT OF AGENT
TO CONTROL DISPOSITION OF REMAINS**

I, _____, of _____ County, State of Texas, being of sound mind, willfully and voluntarily make known my desire that, upon my death, the disposition of my remains shall be controlled by _____ in accordance with Section 711.002 of the Health and Safety Code and, with respect to that subject only, I hereby appoint such person as my agent (attorney-in-fact).

All decisions made by my agent with respect to the disposition of my remains, including cremation, shall be binding.

SPECIAL DIRECTIONS:

Set forth below are any special directions limiting the power granted to my agent:

AGENT:

Name: _____ Address: _____

Telephone _____ Number: _____
Acceptance of Appointment:

(signature of Agent)
Date _____ of _____ Signature: _____

SUCCESSORS:

If my agent dies, becomes legally disabled, resigns, or refuses to act, I hereby appoint the following persons (each to act alone and successively, in the order named) to serve as my agent (attorney-in-fact) to control the disposition of my remains as authorized by this document:

1. First Successor:

Name: _____

Address: _____

Telephone Acceptance of Number:
Appoint:

(signature of first successor)

Date of Signature:

2. Second Successor:

Name: _____

Address: _____

Telephone Acceptance of Number:
Appoint:

(signature of second successor)

Date of Signature:

DURATION:

This appointment becomes effective upon my death.

PRIOR APPOINTMENTS REVOKED:

I hereby revoke any prior appointment of any person to control the disposition of my remains.

RELIANCE:

I hereby agree that any crematory organization, business operating a crematory or columbarium or both, funeral director or embalmer, or funeral establishment who receives a copy of this document may act under it. Any modification or revocation of this document is not effective as to any such party until that party receives actual notice of the modification or revocation. No such party shall be liable because of reliance on a copy of this document.

ASSUMPTION:

THE AGENT, AND EACH SUCCESSOR AGENT, BY ACCEPTING THIS APPOINTMENT, ASSUMES

THE OBLIGATIONS PROVIDED IN, AND IS BOUND BY THE PROVISIONS OF, SECTION 711.002 OF THE HEALTH AND SAFETY CODE.

Signed this _____ day of _____, _____.

STATE OF TEXAS

§
§

COUNTY OF _____

§

This document was acknowledged before me on the _____ day of _____, _____, _____, by _____ the _____ said _____.

State of Texas

Signature, Notary Public,

Printed Name

My

Commission

Expires:
