FUNERAL PLANNING DECLARATION

1. 1. Declaration and Identification

I, [FULL LEGAL NAME], date of birth [DATE OF BIRTH], residing at [STREET ADDRESS], [CITY], [COUNTY] County, State of [STATE], telephone [PHONE], make this Funeral Planning Declaration to state my wishes for the disposition of my remains and for any funeral or memorial observance. I am of sound mind, I am at least eighteen years of age, and I make this Declaration freely and voluntarily. This Declaration revokes any prior funeral planning declaration or statement of disposition wishes I have signed. Other identifying information: Social Security number ending in [LAST FOUR DIGITS], veteran status [VETERAN STATUS AND BRANCH, IF APPLICABLE], religious affiliation [RELIGIOUS AFFILIATION, IF ANY].

2. 2. Appointment of Funeral Representative

I appoint [REPRESENTATIVE FULL NAME], of [REPRESENTATIVE ADDRESS], telephone [REPRESENTATIVE PHONE], email [REPRESENTATIVE EMAIL], whose relationship to me is [RELATIONSHIP], as my funeral representative and agent for the disposition of my remains. If that person is unable, unwilling, or unavailable to act, I appoint [ALTERNATE REPRESENTATIVE FULL NAME], of [ALTERNATE ADDRESS], telephone [ALTERNATE PHONE], as alternate. My representative has authority to make all arrangements for the care, custody, transportation, and disposition of my remains, to select and contract with a funeral home, crematory, and cemetery, to sign all authorizations required by law, and to carry out the wishes stated in this Declaration. I intend this appointment to take priority, to the extent permitted by the law of the State of [STATE], over the order of persons who would otherwise have the right to control disposition. I ask that my representative be reimbursed from my estate for the reasonable costs incurred in carrying out these arrangements.

3. 3. Disposition of Remains

My wishes for the disposition of my remains are as follows. Mark one. [ ] BURIAL: I wish to be buried. [ ] CREMATION: I wish to be cremated. [ ] ENTOMBMENT: I wish to be entombed in a mausoleum or crypt. [ ] DONATION: I wish my body to be donated to [INSTITUTION NAME] for medical education or research, with the disposition of any remains afterward handled as [DISPOSITION AFTER DONATION]. [ ] OTHER: [DESCRIBE, e.g., natural or green burial, alkaline hydrolysis, natural organic reduction, or burial at sea, if lawful in the state where I die]. If my first choice is not available, lawful, or practical where I die, my second choice is [SECOND CHOICE]. I understand that some forms of disposition are not permitted in every state and that my representative may have to select the closest lawful alternative.

4. 4. Burial or Entombment Details

Complete this Section if you selected burial or entombment. Cemetery name and location: [CEMETERY NAME, ADDRESS]. Plot, lot, crypt, or niche: [PLOT OR LOT NUMBER, SECTION, BLOCK], purchased on [PURCHASE DATE], deed or certificate number [DEED NUMBER], located at [LOCATION OF DEED]. Casket preference: [CASKET DESCRIPTION AND PRICE RANGE]. Vault or grave liner: [VAULT PREFERENCE, IF REQUIRED BY THE CEMETERY]. Clothing, jewelry, or personal items to be included: [ITEMS], and items to be returned to my family rather than buried: [ITEMS TO RETURN]. Grave marker or headstone: [MARKER TYPE, MATERIAL, AND INSCRIPTION]. Graveside service: [ ] yes / [ ] no, with [GRAVESIDE SERVICE DETAILS]. If I am entitled to burial in a national or state veterans cemetery, my preference is [VETERANS CEMETERY PREFERENCE] and my discharge documentation is located at [LOCATION OF DD-214 OR EQUIVALENT].

5. 5. Cremation Details

Complete this Section if you selected cremation. Preferred crematory or provider: [CREMATORY NAME AND LOCATION]. Container or urn: [URN OR CONTAINER PREFERENCE, INCLUDING WHETHER IT SHOULD BE BIODEGRADABLE]. Disposition of the cremated remains: [ ] interment at [CEMETERY AND PLOT]; [ ] placement in a niche at [COLUMBARIUM NAME AND LOCATION]; [ ] scattering at [SCATTERING LOCATION], on or about [SCATTERING DATE OR OCCASION]; [ ] retained by [PERSON WHO WILL KEEP THE REMAINS]; [ ] divided among [PERSONS TO RECEIVE PORTIONS]; [ ] other: [DESCRIBE]. I understand that scattering may require permission from the property owner or a permit from a public agency, and I ask my representative to obtain whatever authorization the location requires. A viewing or identification before cremation is [ ] requested / [ ] not requested.

6. 6. Embalming, Viewing, and Preparation

Embalming: [ ] I authorize embalming if it is necessary for a public viewing, for transportation, or as required by law. [ ] I prefer that my body not be embalmed, and I ask that refrigeration or another lawful alternative be used where possible. Viewing or visitation: [ ] I would like a public viewing / [ ] a private family viewing only / [ ] no viewing. Casket at any service: [ ] open / [ ] closed. Clothing and appearance preferences: [CLOTHING, GROOMING, EYEGLASSES, JEWELRY, AND OTHER PREFERENCES]. I understand that embalming is not required by law in most circumstances, that a funeral provider must disclose that fact, and that I have the right to decline services I do not want and to receive an itemized price list before agreeing to any arrangement.

7. 7. Funeral, Memorial, or Religious Service

Type of observance: [ ] a traditional funeral service with my body present; [ ] a memorial service held after disposition; [ ] a graveside service only; [ ] a celebration of life; [ ] no service at all. Location: [SERVICE LOCATION, e.g., place of worship, funeral home, private residence, outdoor location]. Officiant or celebrant: [OFFICIANT NAME AND CONTACT]. Religious, cultural, or fraternal observances to be followed: [OBSERVANCES, e.g., specific rites, timing requirements, dietary or ritual customs, military honors, or organizational rituals]. Preferred timing: [TIMING PREFERENCE, e.g., within three days, or at a time convenient for out-of-town family]. Reception or gathering afterward: [RECEPTION DETAILS AND LOCATION]. Attendance: [ ] open to all / [ ] family and invited guests only / [ ] private, with [ANY PERSONS I ASK NOT BE INVITED].

8. 8. Service Content and Notifications

Music: [SONGS, HYMNS, OR MUSICIANS]. Readings, scripture, or poems: [READINGS]. Speakers or eulogists: [NAMES]. Pallbearers: [NAMES AND HONORARY PALLBEARERS]. Flowers: [ ] welcome, preferring [FLOWER PREFERENCES] / [ ] in lieu of flowers, I ask that donations be made to [CHARITY NAME AND ADDRESS]. Obituary: [ ] please publish an obituary in [PUBLICATIONS] / [ ] no obituary, and any notice should include [INFORMATION TO INCLUDE OR OMIT]. Photographs or video to be displayed: [LOCATION OF PHOTOS AND FILES]. Persons to be notified promptly of my death, in addition to my immediate family: [NAME, RELATIONSHIP, PHONE, AND EMAIL FOR EACH], along with [EMPLOYER, ORGANIZATIONS, OR COMMUNITIES TO NOTIFY]. Online accounts and social media should be handled as follows: [SOCIAL MEDIA AND DIGITAL ACCOUNT INSTRUCTIONS].

9. 9. Anatomical Gifts and Autopsy

Organ and tissue donation: [ ] I wish to donate any needed organs, tissues, and eyes / [ ] I wish to donate only [SPECIFIC ORGANS OR TISSUES] / [ ] I do not wish to donate. My donor registration, if any, is on file with

[DONOR REGISTRY OR DRIVERS LICENSE]. Whole body donation: [ ] I have registered with [INSTITUTION NAME], registration number [NUMBER], and my representative should contact them at [CONTACT INFORMATION] promptly, as most programs require notification within hours / [ ] I have not registered. Autopsy: [ ] I consent to an autopsy if requested by my family or physician / [ ] I do not consent except where the law requires one. I understand that donation and autopsy may delay disposition and may affect the possibility of a viewing, and I accept that consequence.

10. 10. Prepaid Arrangements and Funding

Prepaid or preneed arrangements: [ ] I have a preneed contract with [FUNERAL HOME OR PROVIDER NAME], contract number [CONTRACT NUMBER], dated [CONTRACT DATE], covering [SERVICES COVERED], with a balance of [BALANCE, IF ANY]. [ ] I have a burial or final expense insurance policy with [INSURER NAME], policy number [POLICY NUMBER], benefit amount [AMOUNT], beneficiary [BENEFICIARY NAME]. [ ] I have a payable-on-death account at [INSTITUTION NAME], account ending in [LAST FOUR DIGITS], designated for funeral expenses. [ ] I have made no prepaid arrangements, and I ask that the costs be paid from my estate. My budget preference for the total cost of disposition and services is [BUDGET RANGE], and I ask my representative not to exceed it out of a sense of obligation. Documents relating to these arrangements are located at [LOCATION OF DOCUMENTS].

11. 11. Copies, Revocation, and Effect

I have given copies of this Declaration to: [NAMES AND RELATIONSHIPS OF PERSONS HOLDING COPIES], and the original is located at [LOCATION OF ORIGINAL]. I have deliberately not placed the original in a safe deposit box, because funeral decisions are usually made before a box can be opened. A photocopy, scan, or electronic image of this signed Declaration has the same effect as the original. I may revoke or change this Declaration at any time by signing a new declaration, by a written revocation delivered to my representative, or by destroying all copies. The wishes stated here are intended to be binding on my representative to the extent the law of the State of [STATE] gives effect to written disposition instructions, and to serve as clear guidance in every other respect. If any wish stated here is unlawful, impractical, or unreasonably expensive given the resources actually available, I ask my representative to follow it as closely as circumstances allow rather than treating this Declaration as void.

12. 12. Signature, Witnesses, and Notarization

I sign this Funeral Planning Declaration on [DATE] at [CITY], [STATE]. DECLARANT: [FULL LEGAL NAME]. Signature: _____. ACCEPTANCE BY REPRESENTATIVE: I accept appointment as funeral representative and agree to act in accordance with this Declaration. Signature: _____. Printed Name: [REPRESENTATIVE FULL NAME]. Date: [DATE]. WITNESSES: The undersigned state that the Declarant signed this Declaration in their presence, appeared to be of sound mind and free of duress, and that each witness is at least eighteen years of age and is not the funeral representative, the alternate representative, or an owner or employee of a funeral home or cemetery named in this Declaration. WITNESS 1: Signature: _____. Printed Name: [WITNESS 1 NAME]. Address: [WITNESS 1 ADDRESS]. WITNESS 2: Signature: _____. Printed Name: [WITNESS 2 NAME]. Address: [WITNESS 2 ADDRESS]. NOTARY: STATE OF [STATE], COUNTY OF [COUNTY]. Subscribed and acknowledged before me on [DATE] by [FULL LEGAL NAME]. Notary Public: _____. My commission expires: [EXPIRATION DATE]. [Seal]. Some states require [NUMBER] witnesses, some require notarization, and some require a specific statutory form to appoint a funeral representative.

13. Disclaimer

This template is provided for general informational purposes only and is not legal advice. Authority over the disposition of remains is governed by state law, and states differ on whether a person may appoint a funeral representative at all, what form that appointment must take, how binding written instructions are on the family, the statutory priority list that applies when no valid appointment exists, whether prepaid funeral contracts are portable or refundable, and where scattering of cremated remains is permitted. Federal funeral rules give consumers the right to an itemized price list and to decline services they do not want, but they do not settle who has authority to decide. Give copies to your representative and family now rather than storing this document where it will not be found in time, and consult a licensed attorney in your state if you expect any disagreement among relatives. Use of this template does not create an attorney-client relationship with ScanContract.