



Michigan Funeral Directors Association
FUNERAL REPRESENTATIVE DESIGNATION

(Print or type your full name)

Street Address, City, State, and Zip Code

Date of Birth

I, _____, being 18 years or older and of sound mind,
(Print or type your full name)

voluntarily make this designation. The person I choose as my funeral representative is:

Name

Telephone Number

Street Address, City, State, and Zip Code

If my first choice cannot serve or be located, the person who is my second choice or my "successor funeral representative" is:

Name

Telephone Number

Street Address, City, State, and Zip Code

The person I have designated as my funeral representative shall have the right and power to make decisions about my funeral arrangements and the handling, disposition, or disinterment of my body, including decisions about cremation. This designation shall revoke any prior funeral representative designation(s) I have made.

SIGNATURE

I sign this document voluntarily, and I understand its purpose.

Date

Your signature

Your Telephone

Your address (Street Address, City, State and Zip Code)

Subscribed and sworn to before me, a Notary Public, in
and for said County, this ___ day of _____, 20 ___

Notary Public, _____ County, _____
Acting in _____ County, _____
My Commission Expires: _____

Check here if, because of a physical disability, my signature has been affixed by a notary public pursuant to section 33 of the Michigan Notary Public Act.

STATEMENT REGARDING WITNESSES

I have chosen two adult witnesses who are not my designated funeral representative or (1) a person who is an officer, partner, member, shareholder, owner, representative, or employee of a crematory that will be providing services after I die, or a cemetery where my body will be buried, entombed, or where my ashes will be inurned; or (2) a health professional or an employee or volunteer at a health facility that provides care during my last illness or immediately before death, or a partner, member, shareholder, owner, or representative of that health facility.

STATEMENT AND SIGNATURE OF WITNESSES

This declaration was signed in our presence. The declarant appears to be of sound mind and under no duress, fraud, or undue influence.

Dated

Print Name

Signature of Witness

Address (Street Address, City, State and Zip Code)

Dated

Print Name

Signature of Witness

Address (Street Address, City, State and Zip Code)

ACCEPTANCE BY FUNERAL REPRESENTATIVE

I, _____, accept the designation as funeral representative for
(Name of funeral representative)

_____, who signed a funeral representative designation on
(Name)

the following date: _____

Signed:

Signature of funeral representative

Date

