

AFTER DEATH ARRANGEMENTS

(If you have accessed this 2-page form electronically, print on both sides of one sheet.)

Full name (print) _____
Last First Middle

Information and instructions for my survivors

Preference for disposition of my body

- Cremation**
 - In a basic cremation container
 - In a wooden cremation casket
 - Ashes to be given to my survivors
 - to be scattered (place / location) _____
 - to be interred in grave or columbarium
 - Green (non-flame) cremation
- Burial**
 - Immediate Burial
 - Green burial
 - Conventional funeral with visitation
 - Embalming No embalming
 - Casket made of wood metal
 - Graveside ceremony
 - I own a cemetery lot or columbarium niche (name, location, telephone) _____
 - I do not own a cemetery lot /niche. Preferred cemetery _____

Donation of my body to medical school or tissue bank (name, location, telephone) _____

I carry a signed *Uniform Donor Card* offering my body or any of its parts for medical purposes. If my body is cremated after medical use, remains are to be returned to survivors. Yes No

Funeral Ceremony

- None
- Before burial Before cremation
 - Body present Casket open
- After burial or cremation Ashes present
- I want my funeral to include the prescribed rituals of my spiritual/faith community. (name, location, contact info of spiritual/faith community) _____

Flowers at ceremony Yes No
 Memorial donations to: _____

Location of Funeral Ceremony if somewhere other than funeral home / crematory

Home Funeral

If possible, I would like my body prepared by family and or friends, and a visitation and viewing held in the home. For assistance with a home funeral, contact: _____

For disposition of my body, see above.

Obituary notice

Yes No
Notice to be placed in (name of newspaper/s) _____

Funeral home / Crematory

I have made arrangements with or have signed an agreement with a funeral home / crematory.
 Yes No
The funeral home / crematory has a copy.
 Yes No
(Funeral home / Crematory name, location, telephone no.) _____

I have prepaid for my funeral / cremation, and a copy of my contract is attached. Yes No

I have a funeral savings account, and account access information is attached. Yes No

I hereby consent to an autopsy if requested by medical authorities. (In some circumstances, an autopsy is required.)

(Continued on reverse side)

About my instructions:

- These instructions are my firm wishes.
 These instructions are my preferences. My designee or survivors may do as they think best.

Additional instructions, such as instructions for my funeral ceremony, are attached. Yes No

Legal Authority: Under Minnesota law, if you wish to designate a person as having the authority to control your body after death as well as its final disposition, you must have this document signed and dated in the presence of two witnesses or a notary public.

In accord with Minnesota Statutes 149A.80, DEATH; RIGHT TO CONTROL AND DUTY OF DISPOSITION, I designate the following person to have authority to control my body after death as well as its final disposition.

(Name and contact information for this person): _____

Signature _____ Date _____

Statement of Witnesses: I personally witnessed the signing of this document, and I certify that I am not the appointed person having authority as described in Minnesota Statutes 149A.80.

Witness Number One: Signature _____ Date: _____

Print name _____

Address _____

Witness Number Two: Signature _____ Date: _____

Print name _____

Address _____

or

Notary Public:

In my presence on _____ (date), _____ (name)
acknowledged his or her signature on this document or acknowledged that he or she authorized the person signing this document to sign on his or her behalf. I am not named as an agent in this document.

Signature of notary: _____

Notary stamp:

No person has been designated to have control of my body after death. (I understand that in accord with Minnesota Statutes 149A.80 Subd. 2, the descending priority of authority for final disposition of my body after death devolves upon in the order of priority listed: my spouse; my adult child or a majority of my adult children; either of my parents; my adult sibling or a majority of my adult siblings; my adult grandchild or a majority of my adult grandchildren; my adult nieces and nephews or an majority of them.)

**Keep this form where it can be easily found.
Give copies to those who will be responsible for your arrangements.**

May 2014