

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

I, the designator, \_\_\_\_\_ being of sound mind, willfully and voluntarily make known my desire that, upon my death, the control of the disposition of my dead body, including the location, manner and conditions of the disposition, and arrangements for funeral goods and services shall be controlled by \_\_\_\_\_, and with respect to that subject only, I hereby appoint the above named person as my "agent to control the disposition of my remains." My designated agent has complete authority to act on my behalf and direct any and all details related to my funeral arrangements that I have not already pre-arranged or authorized, including but not limited to obituary, funeral, or memorial service, cemetery, monument, memorialization, reception, or other related matters.

If I have not executed a written disposition authorization, nor filed or prepaid my arrangements with a licensed funeral establishment or cemetery authority, then I authorize my designated agent to select appropriate funeral arrangements for me including the type, place, and method of the final disposition.

If I have not provided sufficient funds to cover my pre-arrangements, the designated agent is responsible for the balance of my funeral and cemetery costs.

I direct that my estate promptly reimburse my designated agent for any personal funds advanced to pay for my funeral arrangements.

**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, including (if a different person) a personal representative named in my will (according to Utah code 75-3-701).

**RELIANCE:** I hereby agree that any cemetery organization, business operating a crematory or columbarium or both, funeral director, embalmer, dispositioner, funeral committee or mortuary, Vital Records Registrar, or Care Facility who receives a copy of this document may act under it. Any modification or revocation of this document is not effective until that business or government agency receives notice of the modification or revocation. No business or agency shall be liable because of reliance on a copy of this document.

**ASSUMPTION:** THE AGENT BY ACCEPTING THIS APPOINTMENT, ASSUMES THE OBLIGATIONS PROVIDED IN, AND IS BOUND BY THE PROVISIONS OF, UTAH SECTION 58-9-602 which states that a person designated in writing has the first right and duty to control the disposition and funeral arrangements of a deceased person.

All decisions made by my agent with respect to the disposition of my remains shall be binding. Signatures below as per UTAH SECTIONS 58-9-602(1)(a) and 75-2-502(1)(a)(b)(c)

Designated Agent acceptance of appointment:

Signature

Print Name

Date:

Alternate Agent in case Designated Agent can not fulfill assignment:

Signature

Print Name

Date:

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DESIGNATOR affirms stipulations stated above

Signature

Print Name

Date:

Signature Witness 1:

Print Name

Date:

Signature Witness 2:

Print Name

Date:

**Or Notarized:**

In the STATE OF UTAH, COUNTY OF

The foregoing instrument was acknowledged before me this \_\_\_\_\_ (date) by

\_\_\_\_\_ (person acknowledging).

(Seal)

Notary Public Printed Name:

My Commission Expires: