APPOINTMENT FOR DISPOSITION OF REMAINS

I,	, of		
	(your name and address), being of mind, willfully and voluntarily make known my desire that, upon my death, the tion of my remains shall be controlled by		
	(name of agent) in accordance with 711.002 of the Health and Safety Code and, with respect to that subject only, I appoint such person as my agent (attorney-in-fact).		
	risions made by my agent with respect to the disposition of my remains, including ion, shall be binding.		
SPECL	AL DIRECTIONS:		
	th below are any special directions limiting the power granted to my agent. Only need paragraphs that I have initialed, if any, shall be in effect.		
	I give any needed organs and/or tissues of my body, to be used for any lawful purpose, as provided under the Texas Anatomical Gift Act. I authorize my agent named herein, in my agent's discretion, to determine whether this gift is needed, and if so, to designate the donee or donees.		
	I direct that my body be (check one):CrematedBuried		
	I direct that my body or ashes be placed in the following final resting place:		
	I have made arrangements for donation of my body to for		
	scientific or educational purposes. Any other directions I make in this document shall be strictly subject to the needs of the institution named, which shall take precedence.		
Other o	lirections:		

AGENT:
Name:
Address:
Telephone:
Acceptance of Appointment:(signature of agent)
Date of Signature:
SUCCESSORS:
If my agent or a successor agent dies, becomes legally disabled, resigns, or refuses to act, or if I divorce my agent or successor agent and this instrument does not state that the divorced agent or successor agent continues to serve after my divorce from that agent or successor agent, 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:
2. Second Successor
Name:
Address:
Telephone:
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 cemetery organization, business operating a crematory or colombarium 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.

SIGNATURES:

This written instrument and my appointments of an agent and any successor agent in this instrument are valid without the signature of my agent and any successor agents below. Each agent, or a successor agent, acting pursuant to this appointment must indicate acceptance of the appointment by signing below before acting as my agent.

Signed this	day of		
		(your signature)	
State of Texas			
This document	was acknowledge	d before me on the day of	
, 20 principal).	by	(name of	of
		Notary Public, State of Texas	

ACCEPTANCE AND ASSUMPTION BY AGENT:

I have no knowledge of or any reason to believe this Appointment for Disposition of Remains has been revoked. I hereby accept the appointment made in this instrument with the understanding that I will be individually liable for the reasonable cost of the decedent's interment, for which I may seek reimbursement from the decedent's estate.

Acceptance of Appointment:	
(signature of ag	ent)
Acceptance of Appointment: (signature of first successor)	
2. Acceptance of Appointment:	