

BODY DISPOSITION AUTHORIZATION

I, _____ (print name), based on the authority of the Texas Health and Safety Code, §711.002(g), make the following declaration and directive concerning the disposition of my body after my death: I declare that it is my wish and I hereby authorize and direct that, upon my death, my remains be (**initial** one box):

- Cremated
- Interred at a cemetery or on private property
- Interred at a mausoleum
- Donated to medical science; if this disposition is not possible because no medical or research facility will accept my body, I direct that my remains be (**initial** one box):

- Cremated
- Interred at a cemetery or on private property
- Interred at a mausoleum
- Other disposition as specified:

- Other disposition as specified:

SIGNATURE ACKNOWLEDGED BEFORE NOTARY

I sign my name to this body disposition authorization on the _____ day of _____ (month, year) at _____ (city, state)

(Signature)

(Print Name)

State of Texas

County of _____

This instrument was acknowledged before me on _____ (date) by
_____ (name of person acknowledging).

NOTARY PUBLIC, State of Texas

Notary's printed name:

My commission expires:

MAY BE REPRODUCED FOR PRIVATE USE ONLY. NO COMMERCIAL USE IS APPROVED.

Based on Section 711.002 of the Texas Health and Safety Code.