

APPOINTMENT OF AGENT TO CONTROL DISPOSITION OF REMAINS

I, _____, of _____

Name

Address

_____, _____, being of sound mind, willfully and voluntarily

City

State

desire that, upon my death, the disposition of my remains shall be controlled by _____

_____ in accordance with Section 711.002 of the Texas Health and Safety Code and, with respect to that subject only, I hereby appoint such person as my agent (attorney-in-fact).

All decisions made by my agent with respect to the disposition of my remains, including cremation, shall be binding.

SPECIAL DIRECTIONS:

Set forth below are any special directions limiting the power granted to my agent:

AGENT:

NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

ACCEPTANCE OF APPOINTMENT: _____

Signature of Agent

DATE OF SIGNATURE: _____