

My Burial Wishes

In recognition that there may come a time, after my death, that decisions will need to be made with regard to the care and disposition of my body, I,

Legal Name

Address

Hebrew Name (if known)

Father's Hebrew Name (if known)

being of sound mind, willfully and voluntarily make known my desire that, upon my death, the disposition of my remains shall be controlled by the following person(s), whom I hereby appoint as my agent with respect to the disposition of my remains:

Primary Agent:

(Optional) Successor Agent:

Name _____

Name _____

Telephone (home) _____

Telephone (home) _____

Cell _____

Cell _____

Email _____

Email _____

Directions: I do hereby direct that the following "special directions" limit the power of my agent and shall be followed in all events, whether or not my agent is able to act as such:

My body should be buried and not cremated. _____ (Initial)

I should receive a tahara and my funeral should be conducted with the dignity and respect accorded by Jewish Law & Tradition. _____ (Initial)

I object to any autopsy of my body except when permitted by Jewish law. _____ (Initial)

No decisions regarding dissection, autopsy, donation of body organs, or the preparation for and the time of my burial, shall be made by anyone other than my agent(s) named above (so long as either is available) or in violation of my special directions.

My Signature: Signed _____ Date _____

Printed Name _____

If you are not physically capable of signing, another person may sign your name on your behalf.

DECLARATION OF WITNESS

I declare that the person who executed this document is personally known to me and appears to be of sound mind and acting of his or her free will. He or she signed (or asked another to sign for him or her) this document in my presence.

Witness 1 Signature:

Witness 2 Signature:

Witness 1 Name:

Witness 2 Name:

Witness 1 Address:

Witness 2 Address:

ACCEPTANCE AND ASSUMPTION BY PRIMARY AGENT:

ACCEPTANCE & ASSUMPTION BY SUCCESSOR AGENT (if applicable):

1. I have no reason to believe there has been a revocation of this appointment to control disposition of remains.
2. I hereby accept this appointment.

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2. I hereby accept this appointment.

Signature of primary agent

Date

Signature of primary agent

Date

It is recommended that copies of this form be given to the Agent(s) named above, Family Members, Attorney, Social Worker, Rabbi or anyone likely to be contacted in the event of your death.

Optional grave and funeral information on back side.

My Burial Wishes – Optional Grave & Funeral Information

LOCATION OF DOCUMENTS AND GRAVE INFORMATION

My Last Will and Testament is located at _____

The deed or permit for my grave is located at _____

Name of cemetery _____

Grave Location: Section _____ Block _____ Row _____ Grave _____

FUNERAL ARRANGEMENTS

The funeral home where I have already made pre-arrangements **Or:** would like to have my funeral arranged is

Funeral Home Name & Address