



AGENT/REPRESENTATIVE TO AUTHORIZE DISPOSITION

PARTIES:

Funeral Home: Woyasz & Son Funeral Service, Inc.

Decedent: _____

Agent/Representative: _____

AUTHORITY OF AUTHORIZING AGENT: As Authorizing Agent, I represent that I have the right to authorize the disposition (including cremation) of the Decedent’s remains and I am initiating one of the following statements:

____ I certify that I do not have actual knowledge of any living person who has a superior right to act as the Authorizing Agent.

____ There is another living person(s) listed below who has a superior or equal right to act as Authorizing Agent. The person(s) has provided me written permission to serve as Authorizing Agent.

____ There is another living person(s) who has a superior or equal right to act as Authorizing Agent. I have made all reasonable efforts to contact such person(s), but have been unable to do so. I have no reason to believe that such person(s) would object to the disposition (including cremation) of the Decedent’s remains.

NAME(S) OF OTHER PERSON(S)_____

RELATIONSHIP OF AUTHORIZING AGENT TO DECEDENT:

____ Spouse

____ Next of Kin (Closest Living Relative)

____ Personal Representative of the Next of Kin with written authorization of Next of Kin to act on his/her behalf.

____ Other: _____

INDEMNIFICATION: The Representative/Agent agrees to indemnify and hold harmless the Funeral Home from any claims or causes of action arising or related in any respect to this appointment of agent to carry out right of disposition or the Funeral Home’s reliance thereon.

DATE: _____

SIGNATURE OF AGENT(S)/REPRESENTATIVE(S):

