

MY BODY AND MY FUNERAL ARRANGEMENTS:

(EITHER INITIAL THE FIRST OR FILL IN THE SECOND.)

THE HEALTH CARE AGENT WHO I NAMED IN MY ADVANCE DIRECTIVE.

((OR))

THIS PERSON:

NAME: _____

ADDRESS: _____

TELEPHONE NUMBERS: _____

(HOME AND CELL)

IF I HAVE WRITTEN MY WISHES BELOW, THEY SHOULD BE FOLLOWED. IF NOT, THE PERSON I HAVE NAMED SHOULD DECIDE BASED ON CONVERSATIONS WE HAVE HAD, MY RELIGIOUS OR OTHER BELIEFS AND VALUES, MY PERSONALITY AND HOW I REACTED TO OTHER PEOPLES' FUNERAL ARRANGEMENTS. MY WISHES ABOUT THE DISPOSITION OF MY BODY AND MY FUNERAL ARRANGEMENTS ARE:

PART III IV: SIGNATURE AND WITNESSES

BY SIGNING BELOW, I INDICATE THAT I AM EMOTIONALLY AND MENTALLY COMPETENT TO MAKE THIS DONATION AND THAT I UNDERSTAND THE PURPOSE AND EFFECT OF THIS DOCUMENT.

(SIGNATURE OF DONOR)

(DATE)

THE DONOR SIGNED OR ACKNOWLEDGED SIGNING THIS DONATION DOCUMENT IN MY PRESENCE AND, BASED UPON PERSONAL OBSERVATION, APPEARS TO BE EMOTIONALLY AND MENTALLY COMPETENT TO MAKE THIS DONATION.

(SIGNATURE OF DONOR)

(DATE)

TELEPHONE NUMBER(S)

(SIGNATURE OF WITNESS)

(DATE)