

Campbell - Ennis – Klotzbach
Funeral Home, Inc.
610 Main Street
Phoenixville, PA 19460
(610) 933-3572
Joshua T. Klotzbach, F.D., Supervisor

Cattermole-Klotzbach
Funeral Home
600 Washington Street
Royersford, PA 19468
(610) 948-7330
Andrew M. Klotzbach, FD, Supervisor

APPOINTMENT OF AGENT TO CONTROL
DISPOSITION OF REMAINS

I, _____, being of sound mind, willfully and voluntarily make known my desire that, upon my death, the disposition of my remains shall be controlled by _____ in accordance with Pennsylvania Statute, Title 20, Chapter 3, Section 305, 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: _____
Date of Signature: _____

SUCCESSORS: If my agent dies, becomes legally disabled, resigns, or refuses to act, I hereby appoint the following persons (each to act alone and successively, in the order named) to serve as my agent (attorney-in-fact) to control the disposition of my remains as authorized by this document:

1. First Successor

Name: _____
Address: _____
Telephone Number: _____
Acceptance of Appointment (Signature): _____
Date of Signature: _____

2. Second Successor

Name: _____
Address: _____
Telephone Number: _____
Acceptance of Appointment (Signature): _____
Date of Signature: _____

DURATION: This appointment becomes effective upon my death.

PRIOR APPOINTMENTS REVOKED: I hereby revoke any prior appointment of any person to control the disposition of my remains.

RELIANCE: I hereby agree that any cemetery organization, business operating a crematory or columbarium or both, funeral director or embalmer, or funeral establishment who receives a copy of this document may act under it. Any modification or revocation of this document is not effective as to any such party until that party receives actual notice of the modification or revocation. No such party shall be liable because of reliance on a copy of this document.

ASSUMPTION: THE AGENT, AND EACH SUCCESSOR AGENT, BY ACCEPTING THIS APPOINTMENT, ASSUMES THE OBLIGATIONS PROVIDED IN, AND IS BOUND BY THE PROVISIONS OF, PENNSYLVANIA STATUE, TITLE 20, CHAPTER 3, SECTION 305.

Signed this _____ day of _____, 20 _____
Signature: _____

WITNESS:

Signature: _____	Signature: _____
Name: _____	Name: _____

State of Pennsylvania

County of _____

This document was acknowledged before me on _____

By _____

My commission expires: _____