Authorization Immunity Document

I _____, a legally competent adult, appear to be of sound mind and free from duress and is the subject of this immunity document (Arizona Revised Statues A.R.S.32-1365.01) directing the Burial, Cremation, or lawful disposition of my own remains pursuant to section 36-831.

I want to have my body disposed of in the following way _____

(This document described above shall be signed and dated by the person who will now become their own authorizing agent for disposition of a dead human body)

Date _____ Signature _____

(This document shall be notarized or witnessed in writing by at least one adult who affirms that the notary or witness was present when the legally competent adult signed and dated the document). Witness Not recommended but accepted is completely filled out.

Date _____ Printed Name _____

Signature _____ Phone Number _____

Title_____ Address_____
(SW, Dr, RN, etc)

Subscribed, sworn to and acknowledged before me by the above named signer, and subscribed and sworn to before me by the above named witness, on the date shown above.

Date _____ Notary Signature _____

(By conforming to this document a crematory, cemetery, or Funeral establishment who executes this document pursuant to this section and in good faith is immune from criminal and civil liability and not subject to professional discipline.)

Cremation Directive

I _____, a legally competent adult, in accordance with the legal authority granted to me in Arizona revised Arizona Revised Statues A.R.S.32-1365.01A) directing the Cremation of my remains. I authorize the Crematory or Mortuary to release, deliver, transport, ship, or dispose of cremated remains as follows.

_____

_____

I on behalf of myself, my estate, and heirs, hold Crematory or Mortuary. Its offices, agents, and employees harmless from any claims, demands, causes of action, and lawsuits of every kinds, nature and description, in law or equity, including all legal fees, costs, and expenses, arising as a result of based upon or connected with this Cremation Directive or any action taken by the crematory, excepting only and willful acts or gross negligence on the part of the crematory.

If I revoke this Cremation Directive or destroy the original of this Cremation Directive, or given a copy of this Cremation Directive to any Crematory or Mortuary I will give written motice to the crematory or mortuary.

I, declare that I sign and execute this instrument as my Cremation Directive and that I sign willingly, that I execute it as my free and voluntary act for the purpose of having my remains cremated. I am eighteen years of age or older, of sound mind and under no constraint or duress, or undue influenced by anyone.

Date _____ Signature _____

(This document shall be notarized or witnessed in writing by at least one adult who affirms that the notary or witness was present when the legally competent adult signed and dated the document). Witness Not recommended but accepted is completely filled out.

Date _____ Printed Name _____

Signature _____ Phone Number _____

Title_____ Address_____
(SW, Dr, RN, etc)

Subscribed, sworn to and acknowledged before me by the above named signer, and subscribed and sworn to before me by the above named witness, on the date shown above.

Date _____ Notary Signature _____

(By conforming to this document a crematory, cemetery, or Funeral establishment who executes this document pursuant to this section and in good faith is immune from criminal and civil liability and not subject to professional discipline.)