APPOINTMENT OF REPRESENTATIVE

Disposition of bodily remains, funeral arrangements, and burial or cremation goods and services

1. DECLARANT

Full legal name: _____

Present address: _____

I, an adult being of sound mind, willfully and voluntarily appoint my representative named below to have the right of disposition, as defined in section 2108.70 of the Ohio Revised Code, for my body upon my death. All decisions made by my representative with respect to the right of disposition shall be binding.

2. REPRESENTATIVE

If the representative is a group of persons, list each person on the attached addendum.

Name: _____

Telephone number: _____

Address: _____

3. SUCCESSOR REPRESENTATIVE

If my representative is disqualified from serving under section 2108.75 of the Ohio Revised Code, I appoint the following person or group to serve as successor representative. For a group, use the attached addendum.

Name: _____

Telephone number: _____

Address: _____

4. PREFERENCES REGARDING RIGHT OF DISPOSITION

Include any religious observances or other preferences the representative or successor representative should consider:

_____

_____

_____

5. SOURCE(S) OF FUNDS

Funds that could be used to pay for the associated goods and services:

_____

_____

APPOINTMENT OF REPRESENTATIVE

Disposition of bodily remains, funeral arrangements, and burial or cremation goods and services

6. DURATION

The appointment of my representative and, if applicable, successor representative, becomes effective upon my death.

7. PRIOR APPOINTMENTS REVOKED

I hereby revoke any written declaration that I executed in accordance with section 2108.70 of the Ohio Revised Code prior to the date of execution of this written declaration.

8. AUTHORIZATION TO ACT

Any of the following that receives a copy of this written declaration may act under it: cemetery organization; crematory operator; business operating a columbarium; funeral director; embalmer; funeral home; or any other person asked to assist with my funeral, burial, cremation, or other manner of final disposition.

9. MODIFICATION AND REVOCATION - WHEN EFFECTIVE

Any modification or revocation of this written declaration is not effective as to any party until that party receives actual notice of the modification or revocation.

10. LIABILITY

No person who acts in accordance with a properly executed copy of this written declaration shall be liable for damages of any kind associated with the person's reliance on this declaration.

Date: _____ Signature of Declarant: _____

ACKNOWLEDGMENT OF ASSUMPTION OF OBLIGATIONS AND COSTS

By signing below, the representative, or successor representative, if applicable, acknowledges that he or she, as representative or successor representative, assumes the right of disposition as defined in section 2108.70 of the Revised Code, and understands that he or she is liable for the reasonable costs of exercising the right, including any goods and services that are purchased.

ACCEPTANCE (OPTIONAL): The undersigned hereby accepts this appointment as representative or successor representative, as applicable, for the right of disposition as defined in section 2108.70 of the Revised Code.

Date: _____ Signature of Representative: _____

Date: _____ Signature of Successor Representative: _____

APPOINTMENT OF REPRESENTATIVE

Disposition of bodily remains, funeral arrangements, and burial or cremation goods and services

WITNESSES (TWO) OR NOTARY ACKNOWLEDGMENT

I attest that the declarant signed or acknowledged this assignment of the right of disposition under section 2108.70 of the Revised Code in my presence and that the declarant is at least eighteen years of age and appears to be of sound mind and not under or subject to duress, fraud, or undue influence. I further attest that I am not the declarant's representative or successor representative, I am at least eighteen years of age, and I am not related to the declarant by blood, marriage, or adoption.

First witness signature: _____ Date: _____

First witness name: _____ Residing at: _____

Second witness signature: _____ Date: _____

Second witness name: _____ Residing at: _____

OR - NOTARY ACKNOWLEDGMENT

State of Ohio, County: _____ Date of appearance: _____

Name of declarant appearing before notary: _____

On the date above, before me, the undersigned notary public, personally appeared the individual named above, known to me or satisfactorily proven to be the person whose name is subscribed as the declarant, and who has acknowledged that he or she executed this written declaration under section 2108.70 of the Revised Code for the purposes expressed in that section. I attest that the declarant is at least eighteen years of age and appears to be of sound mind and not under or subject to duress, fraud, or undue influence.

Signature of Notary Public: _____ Commission expires: _____

APPOINTMENT OF REPRESENTATIVE

Disposition of bodily remains, funeral arrangements, and burial or cremation goods and services

ADDENDUM - ADDITIONAL REPRESENTATIVES

Complete only if the appointed representative consists of a group. Each additional representative must be identified and may sign below.

Additional Representative 1

Name: _____ Telephone number: _____

Address: _____

Signature: _____

Additional Representative 2

Name: _____ Telephone number: _____

Address: _____

Signature: _____

Additional Representative 3

Name: _____ Telephone number: _____

Address: _____

Signature: _____

Additional Representative 4

Name: _____ Telephone number: _____

Address: _____

Signature: _____

Additional Representative 5

Name: _____ Telephone number: _____

Address: _____

Signature: _____

Additional Representative 6

Name: _____ Telephone number: _____

Address: _____

Signature: _____

APPOINTMENT OF REPRESENTATIVE

Disposition of bodily remains, funeral arrangements, and burial or cremation goods and services

ADDENDUM - ADDITIONAL SUCCESSOR REPRESENTATIVES

Complete only if the appointed successor representative consists of a group. Signatures of additional successor representatives are optional.

Additional Successor Representative 1

Name: _____ Telephone number: _____

Address: _____

Signature (optional): _____

Additional Successor Representative 2

Name: _____ Telephone number: _____

Address: _____

Signature (optional): _____

Additional Successor Representative 3

Name: _____ Telephone number: _____

Address: _____

Signature (optional): _____

Additional Successor Representative 4

Name: _____ Telephone number: _____

Address: _____

Signature (optional): _____

Additional Successor Representative 5

Name: _____ Telephone number: _____

Address: _____

Signature (optional): _____

Additional Successor Representative 6

Name: _____ Telephone number: _____

Address: _____

Signature (optional): _____