

STATE OF TEXAS)

COUNTY OF Enter County of signing)

APPOINTMENT OF AGENT TO CONTROL DISPOSITION OF REMAINS

1. DESIGNATION OF AGENT. I, Enter your full name here _____, Principal, who resides at
Enter your address here _____, being of
sound mind, willfully and voluntarily make known my desire that, upon my death, the disposition of my
remains shall be controlled by:

Primary Agent Name: Enter the full legal name of your first agent _____

Address: Enter the address of your first agent _____

Telephone Number: Enter the telephone number of your first agent _____

in accordance with Section 711.002 of the Texas Health and Safety Code and, with respect to that subject
only, I hereby appoint my above-named individual 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.

2. SPECIAL DIRECTIONS. Set forth below are any special directions limiting the power granted to
my Agent: Enter any limitations on your agent’s decisions. Examples: “Burial only.” or “Cremation
only.” _____

3. DESIGNATION OF ALTERNATE AGENT. 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.

A. **First Successor Name:** Enter the full legal name of your second agent _____

Address: Enter the address of your second agent _____

Telephone Number: Enter the phone number for your second agent _____

B. **Second Successor Name:** Enter the full legal name of your third agent _____

Address: Enter the address of your third agent _____

Telephone Number: Enter the telephone number of your third agent _____

4. DURATION. This appointment becomes effective upon my death.
5. PRIOR APPOINTMENTS REVOKED. I hereby revoke any prior appointment of any person to control the disposition of my remains.
6. 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 photocopy of this document as executed 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 to any person or entity because of reliance on a photocopy of this document as executed.
7. GOVERNING LAW AND SEVERABILITY. The laws of the State of Texas shall govern the interpretation, operation and construction of this APPOINTMENT OF AGENT TO CONTROL DISPOSITION OF REMAINS, notwithstanding the fact that I may be located in another jurisdiction from time to time.

If any provision of this APPOINTMENT OF AGENT TO CONTROL DISPOSITION OF REMAINS should be held illegal or invalid, such invalidity or illegality shall not affect the remaining provisions, each provision of this document shall exist separately and independently of every other provision, and this document shall be construed as if such illegal or invalid provision had never existed.

I sign my name to this APPOINTMENT OF AGENT TO CONTROL DISPOSITION OF

REMAINS on this _____ day of _____ 20_____.

Principal's signature

Print your full legal name _____
Principal's printed name

STATE OF TEXAS)

COUNTY OF _____)

Before me, _____, Notary Public, on this day personally appeared

_____, Principal, proved to me through

_____ (description of identity card or other document) to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that «heshe» executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this _____ day of _____, A.D. 20_____.

Notary Public in and for
The State of Texas

Commission Expires: _____

8. ACCEPTANCE AND ASSUMPTION. THE AGENT, AND EACH SUCCESSOR AGENT, BY ACCEPTING THIS APPOINTMENT, ASSUMES THE OBLIGATIONS PROVIDED IN, AND AGREES TO BE BOUND BY THE PROVISIONS OF, SECTION 711.002 OF THE TEXAS HEALTH AND SAFETY CODE, INCLUDING THE AGENT'S (AND SUCCESSOR AGENT'S) FINANCIAL LIABILITY FOR THE REASONABLE COSTS OF THE PRINCIPAL'S INTERMENT AS PROVIDED THEREIN.

A. Signature of Primary Agent: _____

Printed name of Primary Agent: _____

Date of Agent's Signature: _____

B. Signature of First Successor Agent: _____

Printed name of First Successor Agent: _____

Date of First Successor Agent's Signature: _____

C. Signature of Second Successor Agent: _____

Printed name of Second Successor Agent: _____

Date of Second Successor Agent's Signature: _____