

**MICHIGAN DESIGNATION OF REPRESENTATIVE FOR DISPOSITION OF BODILY
REMAINS, FUNERAL ARRANGEMENTS, AND BURIAL OR
CREMATION GOODS AND SERVICES**

Authorized by Michigan Public Act 57 signed into law on March 29, 2016, effective June 27, 2016

I, (legal name and address) _____

an adult being of sound mind, willfully and voluntarily designate my representative, named below, who is at least 18 years of age, of sound mind, and not employed by any funeral home unless related to me, to have the right of disposition for my body upon my death. All decisions made by my representative with respect to the right of disposition shall be binding.

REPRESENTATIVE:

Name: _____

Address: _____

Email Address: _____ Tel. Number: _____

SUCCESSOR REPRESENTATIVE(S):

If my representative is disqualified from serving as my representative then I hereby designate the following person or persons, *who is/are at least 18 years of age, of sound mind, and not employed by any funeral home unless related to me*, to serve as my successor representative (attach additional sheet if necessary).

Name: _____

Address: _____

Email Address: _____ Tel. Number: _____

PREFERENCES REGARDING HOW THE RIGHT OF DISPOSITION SHOULD BE EXERCISED, INCLUDING ANY RELIGIOUS OBSERVANCES THE DECLARANT WISHES A REPRESENTATIVE OR A SUCCESSOR REPRESENTATIVE TO CONSIDER (attach additional sheets if necessary):

I direct that all Orthodox Christian customs and traditions for funeral and burial are adhered to by my funeral representative and direct that my funeral representative contact the assigned priest of the Orthodox Church that I attend for burial preparations and funeral arrangements.

ONE OR MORE SOURCES OF FUNDS THAT COULD BE USED TO PAY FOR GOODS AND SERVICES ASSOCIATED WITH AN EXERCISE OF THE RIGHT OF DISPOSITION:

DURATION:

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

PRIOR DESIGNATIONS REVOKED:

I hereby revoke any written declaration that I executed prior to the date of execution of this written declaration indicated below.

AUTHORIZATION TO ACT:

I hereby agree that any of the following receiving a copy of this declaration may act under it:

- Cemetery organization;
- Crematory operator;
- Business operating a columbarium;
- Funeral director;
- Embalmer;
- Funeral home;
- Any other person (such as the representative named herein) asked to assist with my funeral, burial, cremation, or other manner of final disposition.

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.

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.

Signed this _____ day of _____, 20_____

(signature of declarant)

(CONTINUED ON NEXT PAGE)

WITNESSES:

I attest that the declarant signed or acknowledged this assignment of the right of disposition in my presence and that the declarant is at least eighteen years of age, 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 or a funeral representative or an individual employed by a funeral home or health facility, and that I am at least eighteen years of age, and am not related to the declarant by blood, marriage, or adoption.

First witness:

Name (printed): _____

Residing at: _____

Signature: _____ Date: _____

Second witness:

Name (printed): _____

Residing at: _____

Signature: _____ Date: _____

NOTARY ACKNOWLEDGMENT (if no witnesses available):

State of Michigan, County of _____.

On _____ before me, the undersigned notary public, personally appeared _____ 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 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:

My commission expires on: _____

For further reference please visit:

<http://www.legislature.mi.gov/documents/2015-2016/publicact/pdf/2016-PA-0057.pdf>

<http://www.dykema.com/resources-alerts-michigan-act-permits-nomination-of-funeral-representatives>.

Consult your attorney for specific questions.