

FUNERAL REPRESENTATIVE DESIGNATION FORM

At Beaumont, we understand that it can be difficult to make decisions regarding your end of life care. We will be here to help you every step of the way. In addition to completing your advance directive, Beaumont encourages you to think about who will be designated to make funeral arrangements on your behalf. The state of Michigan allows an individual who is 18 years or older and of sound mind, to appoint a person to make decisions about your funeral, this person is often referred to as a “funeral representative”. If you should choose not to appoint a funeral representative, the right to make these choices will be made by your closest relative.

FUNERAL REPRESENTATIVE DESIGNATION

I _____, being 18 years or older and of sound mind, voluntarily make this designation.

The person I choose as my funeral representative is:

Name: _____ Relationship: _____
 Address: _____ City: _____ State: ____ Zip: _____
 Phone(s) home: _____ Cell: _____ Work: _____
 Email: _____

If my first choice cannot be located or refuses to serve as my representative, my successor is:

Alternate (successor) funeral representative is:

Name: _____ Relationship: _____
 Address: _____ City: _____ State: ____ Zip: _____
 Phone(s) home: _____ Cell: _____ Work: _____
 Email: _____

The person I have designated as my funeral representative shall have the right and power to make decisions about my funeral arrangements and the handling, disposition or disinterment of my body, including decisions about cremation. This designation shall revoke any prior funeral representative designation(s) I have made.

Date: _____

SIGNATURE: _____ **Date of birth:** _____

See reverse side for instructions on making this document official in the state of Michigan. —>

In order for this document to be legal in the state of Michigan it should be either notarized OR signed in the presence of two witnesses. Please complete either the notary section (#1) OR the witness section (#2) below, you do not need to complete both sections.

1. The foregoing instrument was acknowledged before me on

_____ , by _____

Notary Public:	Country:
Acting in:	Country:
My commission expires:	

Check here if, because of a physical disability, my signature has been affixed by a notary public pursuant to section 33 of the Michigan Notary Public Act. STATEMENT AND SIGNATURE OF WITNESSES.

OR

2. I have chosen two adult witnesses who are not my designated funeral representative or (1) a person who is an officer, partner, member, shareholder, owner, representative or employee of a crematory that will be providing services after I die, or a cemetery where my body will be buried, entombed, or where my ashes will be inurned; or (2) a health professional or an employee or volunteer at a health facility that provides care during my last illness or immediately before death, or a partner, member, shareholder, owner or representative of that health facility.

Witness 1

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone(s) home: _____ Cell: _____ Work: _____

Email: _____

Witness 2

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone(s) home: _____ Cell: _____ Work: _____

Email: _____