

FUNERAL WISHES STATEMENT

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This Funeral Wishes Statement (this "**Statement**") is made as of **[EFFECTIVE DATE]** by **[YOUR FULL LEGAL NAME]**, born on **[DATE OF BIRTH]**, residing at **[YOUR ADDRESS]** (the "**Declarant**" or "**I**" or "**me**").

In this Statement I record my preferences for the disposition of my remains and for the funeral, memorial, and related arrangements I would like after my death, and I identify the person I wish to carry out those preferences.

Recitals. I want to spare my family and loved ones from having to guess at my wishes during a difficult time. The authority to control the disposition of a person's remains, and the legal weight given to a written statement of funeral wishes, varies by jurisdiction; in some places these wishes are binding on the person with the legal right to control disposition, and in others they are strong guidance. To make my wishes as effective as possible, I record them here and ask that they be honored. In consideration of my wishes, I declare as follows.

1. Purpose and Effect

1.1 Purpose. The purpose of this Statement is to express my preferences for the disposition of my body and for the services held in my memory, and to name the person I trust to carry them out.

1.2 Legal effect. Whether this Statement is legally binding depends on the law of **[STATE]**. I intend it to be given the greatest effect the law allows. Where it is not binding, I ask my family, my Agent (defined below), and the person with the legal right to control my disposition to treat it as my sincere and considered request.

1.3 Relationship to other documents. This Statement is meant to work alongside my Will, any trust, any health-care directive or power of attorney, and any prepaid funeral contract. If those documents address funeral or disposition matters, I intend this Statement to supplement and explain my wishes, not to revoke any valid appointment of an agent unless I say so expressly.

2. Appointment of Agent for Disposition

2.1 Primary Agent. I appoint **[AGENT NAME]**, of **[AGENT ADDRESS]**, phone **[PHONE]**, as my agent to control the disposition of my remains and to carry out the arrangements in this Statement (my "**Agent**").

2.2 Alternate Agent. If my primary Agent is unable or unwilling to serve, I appoint **[ALTERNATE AGENT NAME]**, of **[ALTERNATE ADDRESS]**, phone **[PHONE]**, as my alternate Agent.

2.3 Authority. To the extent permitted by law, my Agent may make and carry out all arrangements consistent with this Statement, including authorizing disposition, signing documents, and engaging a funeral home, crematory, or cemetery.

2.4 Formalities. The appointment of an agent to control disposition may require specific signing, witnessing, or notarization formalities under local law. I have followed the formalities indicated in Section 9 and ask that the appointment be honored to the fullest extent the law allows.

3. Disposition of My Remains

3.1 **My preference.** I prefer the following method for the disposition of my remains: **[BURIAL / CREMATION / GREEN OR NATURAL BURIAL / ENTOMBMENT / DONATION TO SCIENCE / OTHER — SPECIFY]**.

3.2 **Burial details (if applicable).** If I am buried, I would like to be buried at **[CEMETERY NAME AND LOCATION]**, in plot **[PLOT / SPACE, if known]**. I **[do / do not]** already own a plot. My casket preference is **[SPECIFY, e.g. simple wood, metal, biodegradable]**.

3.3 **Cremation details (if applicable).** If I am cremated, I would like my ashes to be **[buried / scattered at [LOCATION]]** / kept by **[PERSON]** / interred in a columbarium at **[LOCATION]** / divided among **[PERSONS]**.

3.4 **Donation (if applicable).** If I have arranged to donate my body or organs, the arrangement is with **[ORGANIZATION]** and the contact information is **[DETAILS]**. My wishes about donation appear in **[THIS STATEMENT / a separate donor registration / my health-care directive]**.

3.5 **Embalming and viewing.** I **[do / do not]** wish to be embalmed, where a choice is available. I **[do / do not]** wish to have a public viewing or open casket.

4. Service and Ceremony Preferences

4.1 **Type of service.** I would like **[a funeral service / a memorial service / a graveside service / a celebration of life / no formal service]**.

4.2 **Location and officiant.** I would like the service held at **[LOCATION]**, conducted by **[OFFICIANT / CLERGY / FRIEND / FAMILY MEMBER]**, if available.

4.3 **Religious or cultural observances.** I would like the following religious, spiritual, or cultural traditions observed: **[SPECIFY]**.

4.4 **Tone and program.** I would like the service to reflect the following tone and elements: **[SPECIFY, e.g. readings, eulogists, music, photos, dress code]**.

4.5 **Music and readings.** Specific songs, hymns, readings, or poems I would like included: **[SPECIFY]**.

4.6 **Flowers, donations, and gatherings.** In lieu of or in addition to flowers, I would like memorial donations made to **[CHARITY / FUND]**. I **[would / would not]** like a reception or gathering afterward, ideally at **[LOCATION]**.

5. Notifications and Obituary

5.1 **People to notify.** Please make sure the following people and organizations are notified of my death: **[NAMES / RELATIONSHIPS / CONTACT DETAILS]**.

5.2 **Obituary.** I **[would / would not]** like an obituary published in **[PUBLICATION(S) / ONLINE]**. If published, please include or emphasize: **[SPECIFY]**, and please **[include / omit]** the cause of death.

5.3 **Online and social media.** My wishes for my social media and online accounts are: **[memorialize / deactivate / transfer to [PERSON] / SPECIFY]**. Login or legacy-contact details, if any, are kept **[LOCATION]**.

6. Funding and Existing Arrangements

6.1 **Prepaid or preneed contracts.** I **[have / have not]** entered into a prepaid or preneed funeral contract. If I have, it is with **[PROVIDER]** and the documents are located at **[LOCATION]**.

6.2 **Insurance and funds.** Funds that may be available to cover costs include: **[FINAL EXPENSE / LIFE INSURANCE / PAYABLE-ON-DEATH ACCOUNT / SAVINGS — SPECIFY]**, with details located at **[LOCATION]**.

6.3 **Budget guidance.** I would like the arrangements to be **[modest / moderate / as I have specified regardless of cost]**, and I ask my Agent to balance my wishes against the resources reasonably available.

7. Personal Messages and Special Requests

7.1 **Special requests.** Other wishes I would like honored: **[SPECIFY, e.g. items to be buried with me, who should be pallbearers, requests about a headstone or marker, places to scatter ashes]**.

7.2 **Messages.** Any personal messages I would like shared appear at **[LOCATION / ATTACHED]**.

7.3 **Flexibility.** I understand circumstances may make some wishes impractical. I trust my Agent and family to honor the spirit of my wishes and to make reasonable adjustments with care and respect.

8. Revocation and Amendment

8.1 **Revocation of prior statements.** This Statement revokes any prior funeral wishes statement I have signed.

8.2 **Amendment.** I may amend this Statement at any time by signing and dating a new statement or a written, signed change. The most recent signed and dated version controls.

8.3 **Distribution of copies.** I have given or will give a copy of this Statement to my Agent, alternate Agent, and **[FAMILY MEMBER / ATTORNEY]**, and the original is kept at **[LOCATION]**.

9. Declaration, Witnesses, and Formalities

9.1 **My declaration.** I sign this Statement freely, of my own choosing, and while of sound mind, intending it to express my genuine wishes.

9.2 **Formalities.** I have signed and dated this Statement and, where recommended under local law, had it witnessed and/or notarized as shown below. The required formalities for a funeral wishes statement and for appointing a disposition agent vary by jurisdiction; confirm them in **[STATE]** with a licensed attorney.

Signed by the Declarant:

DECLARANT

Signature: _____

Printed name: **[YOUR FULL LEGAL NAME]**

Date: _____

Acceptance by Agent (optional):

AGENT

Signature: _____

Printed name: **[AGENT NAME]**

Title: Agent for Disposition

Date: _____

Witnesses (if used):

WITNESS 1

WITNESS 2

Signature: _____

Signature: _____

Printed name: **[NAME]**

Printed name: **[NAME]**

Title: N/A

Title: N/A

Date: _____

Date: _____

Notary Acknowledgment (if used):

State of **[STATE]**, County of **[COUNTY]**. This Statement was acknowledged before me on **[DATE]** by **[YOUR FULL LEGAL NAME]**.

Notary Signature: _____ My commission expires: **[DATE]**

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