

AUTHORIZATION FOR FINAL DISPOSITION INSTRUCTIONS

Purpose of the Authorization for Final Disposition:

When properly completed and signed in the presence of two competent adult witnesses or a notary public, this voluntary document allows a competent adult (the declarant) to designate another competent adult (the representative or an alternative representative) to make funeral arrangements on behalf of the declarant.

This document allows the declarant to give his or her chosen representative information about the declarant's preferences for final disposition and funeral service.

Please read and understand the following information and the form before completing the form.

Definitions from Wisconsin State Statutes Chapter 154, Section 154.30 (8) (f):

- “Authorization for final disposition” means a document that satisfies the conditions under sub. (8) (d) or (dm), and that is voluntarily executed by a declarant under sub. (8), but is not limited in form or substance to that provided in sub. (8).
- “Cemetery authority” has the meaning given in s. 157.061 (2).
- “Credential” has the meaning given in s. 440.01 (2) (a).
- “Crematory authority” has the meaning given in s. 440.70 (9).
- “Declarant” means an individual who executes an authorization for final disposition.
- “Estranged” means being physically and emotionally alienated for a period of time, at the time of the decedent’s death, and clearly demonstrating an absence of due affection, trust, and regard.
- “Final disposition” means disposition of a decedent’s remains, including any of the following:
 1. Arrangements for a viewing.
 2. A funeral ceremony, memorial service, graveside service, or other last rite.
 3. A burial, cremation and burial, or other disposition, or donation of the decedent’s body.
- “Funeral director” has the meaning given in s. 445.01 (5).
- “Health care provider” means any individual who has a credential to provide health care.
- “Representative” means an individual specifically designated in an authorization for final disposition or, if that individual is unable or unwilling to carry out the declarant’s decisions and preferences, a successor representative designated in the authorization for final disposition to do so.
 - 154.30 (8) (e) If any of the following has a direct professional relationship with or provides professional services directly to the declarant and is not related to the declarant by blood, marriage, or adoption, that person may not serve as a representative under the requirements of this subsection:
 1. A funeral director.
 2. A crematory authority.
 3. A cemetery authority.
 4. An employee of a funeral director, crematory authority, or cemetery authority.
 5. A health care provider.
 6. A social worker.

Important Information

Declarant:

1. Properly completing this document (with all required signatures) automatically revokes any prior authorization for final disposition that the declarant may have signed.
2. The declarant may revoke this authorization for final disposition at any time by executing a new authorization form; by signing and dating a statement declaring this document to be cancelled, revoked or void; by destroying or defacing this form; or by writing on this form, "I hereby revoke this declaration of final disposition," and signing and dating that statement.
3. If the declarant is physically unable to sign an authorization for final disposition, the authorization shall be signed in the declarant's name by an individual at the declarant's express direction and in his or her presence; such a proxy signing shall take place or be acknowledged by the declarant in the presence of 2 witnesses or a notary public.

Representative:

1. An individual who is authorized by this document to control the declarant's final disposition may accept the control, may decline to exercise the control, or may, after accepting the control, resign it.
2. If there is a dispute about the declarant's disposition, the probate court for the county in which the decedent last resided has exclusive jurisdiction over the case.
3. The representative signing this document is expected to carry out the directions, instructions, and suggestions for disposition specified in this document unless the directions, instructions, and suggestions exceed available resources from the decedent's estate or are unlawful or unless there is no realistic possibility of compliance.

AUTHORIZATION FOR FINAL DISPOSITION

I, _____
(Print Name)

Residing at _____,
(Print Mailing Address)

being of sound mind, willfully and voluntarily make known by this document my desire that, upon my death, the final disposition of my remains be under the control of my representative under the requirements of section 154.30, Wisconsin statutes, and, with respect to that final disposition only, I hereby appoint the representative and any successor representative named in this document. All decisions made by my representative or any successor representative with respect to the final disposition of my remains are binding.

Name of Representative _____

Address _____

Telephone number (include area code) _____

If my representative dies, becomes incapacitated, resigns, refuses to act, ceases to be qualified, or cannot be located within the time necessary to control the final disposition of my remains, I hereby appoint the following individuals, each to act alone and successively, in the order specified, to serve as my successor representative:

1. Name of first successor representative _____

Address _____

Telephone number (include area code) _____

2. Name of second successor representative _____

Address _____

Telephone number (include area code) _____

SUGGESTED SPECIAL DIRECTIONS

1. Arrangements for a viewing.
2. Funeral ceremony, memorial service, graveside service, or other last rite.
3. Burial, cremation and burial or other disposition, or donation of the declarant's body after death.

SUGGESTED INSTRUCTIONS CONCERNING RELIGIOUS OBSERVANCES

SUGGESTED SOURCE OF FUNDS FOR IMPLEMENTING FINAL DISPOSITION DIRECTIONS AND INSTRUCTIONS

This authorization becomes effective upon my death. I hereby revoke any prior authorization for final disposition that I may have signed before the date that this document is signed.

I hereby agree that any funeral director, crematory authority, or cemetery authority that receives a copy of this document may act under it. Any modification or revocation of this document is not effective as to a funeral director, crematory authority, or cemetery authority until the funeral director, crematory authority, or cemetery authority receives actual notice of the modification or revocation. No funeral director, crematory authority, or cemetery authority may be liable because of reliance on a copy of this document.

The representative and any successor representative, by accepting appointment under this document, assume the powers and duties specified for a representative under section 154.30, Wisconsin statutes.

Signed this _____ day of _____
(Day) (Month and Year)

Signature of declarant _____

I hereby accept appointment as representative for the control of final disposition of the declarant's remains.

Signed this _____ day of _____
(Day) (Month and Year)

Signature of representative _____

I hereby accept appointment as successor representative for the control of final disposition of the declarant's remains.

Signed this _____ day of _____
(Day) (Month and Year)

Signature of first successor representative _____

Signed this _____ day of _____
(Day) (Month and Year)

Signature of second successor representative _____

I attest that the declarant signed or acknowledged this authorization for final disposition in my presence and that the declarant appears to be of sound mind and not subject to duress, fraud, or undue influence. I further attest that I am not the representative or the successor representative appointed under this document that I am aged at least 18, and that I am not related to the declarant by blood, marriage, or adoption.

1st Witness (print name) _____

Signature _____

Address _____

Date (Month, Day, Year) _____

2nd Witness (print name) _____

Signature _____

Address _____

Date (Month, Day, Year) _____

In lieu of two witnesses signing this form, the declarant may sign it in the presence of a notary public.

State of Wisconsin, County of _____

On (date) _____, before me personally appeared

(name of declarant) _____ known to me or satisfactorily proven to be the individual whose name is specified in this document as the declarant and who has acknowledged that he or she executed the document for the purposes expressed in it. I attest that the declarant appears to be of sound mind and not subject to duress, fraud, or undue influence.

Notary Public Name: _____ Signature _____

My commission expires (date) _____

(Seal)