Michigan Funeral Directors Association
FUNERAL REPRESENTATIVE DESIGNATION

______________________________________________
(Print or type your full name)

______________________________________________
Street Address, City, State, and Zip Code

__________________________
Date of Birth

I, ______________________________, being 18 years or older and of sound mind,
(Print or type your full name)

voluntarily make this designation. The person I choose as my funeral representative is:

________________________________ ________________________
Name Telephone Number

________________________________
Street Address, City, State, and Zip Code

If my first choice cannot serve or be located, the person who is my second choice or my "successor funeral representative" is:

________________________________ ________________________
Name Telephone Number

______________________________________________
Street Address, City, State, and Zip Code

The person 1 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.

______________________________________________

This form was prepared for the Michigan Funeral Directors Association by Dickinson Wright PLLC.

## SIGNATURE

I sign this document voluntarily, and I understand its purpose.

| | |
|---|---|
| ______________________ | ________________________________________ |
| Date | Your signature |
| ______________________ | ________________________________________ |
| Your Telephone | Your address (Street Address, City, State and Zip Code |

Subscribed and sworn to before me, a Notary Public, in and for said County, this __ day of________ , 20 __

________________________________________

Notary Public, _________ County, ________________
Acting in __________ County,____________________
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 REGARDING WITNESSES

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.

## STATEMENT AND SIGNATURE OF WITNESSES

This declaration was signed in our presence. The declarant appears to be of sound mind and under no duress, fraud, or undue influence.

____________________________ ________________________________________________
Dated Print Name

____________________________
Signature of Witness

________________________________
Address (Street Address, City, State and Zip Code)

____________________________ ____________________________
Dated Print Name

____________________
Signature of Witness

_______________________________________________
Address (Street Address, City, State and Zip Code)

## ACCEPTANCE BY FUNERAL REPRESENTATIVE

I,____________________________________, accept the designation as funeral representative for
(Name of funeral representative)

____________________________________, who signed a funeral representative designation on
(Name)

the following date: ____________________________

Signed: ________________________________________________ ____________________
Signature of funeral representative Date

MFDA
MICHIGAN FUNERAL DIRECTORS ASSOCIATION
*Generations of Caring*

# ACCEPTANCE BY SUCCESSOR FUNERAL REPRESENTATIVE

I,___________________________________, accept the designation as successor funeral
(Name of successor funeral representative)

representative for: _________________________________ , who signed a successor funeral
(Name)

representative designation on the following date: _______________________

Signed: _____________________________________________ ______________
Signature of successor funeral representative Date