

DEPARTMENT OF HEALTH SERVICES
Division of Public Health
F-00086 (05/10)

STATE OF WISCONSIN
Wis. Stat. Chapter 154.30 (8)

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

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 _____

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.

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