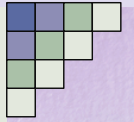




# Deathcare Surrogate



Like a Healthcare Surrogate, a Deathcare Surrogate is authorized to carry out your wishes and make decisions on your behalf.

Your Healthcare Surrogate handles your decisions while you are still alive, but that authority generally ends when your death occurs.

After death, there is a designated “next of kin” (which may vary by state) to handle your disposition, final arrangements, and other deathcare decisions as well as receive death certificates and cremated remains.

If you grant a durable Power of Attorney to someone, that authority ends at the time of your death just as the Healthcare Surrogate designation.

If you wish to designate someone other than your next of kin to handle your final arrangements after you die, you can assign a **Deathcare Surrogate**. This is someone you grant authority to work with deathcare professionals if you don’t want your next of kin to be involved in the decision making or to have authority to make decisions.

It is important to designate someone you trust to honor your wishes.

Make sure those you’ve chosen are aware of your wishes, location of documents (including this workbook), and are named and designated where needed as applicable and required in your state. If documents are located in a safety deposit box, make sure the person is authorized to enter the box after you pass away.

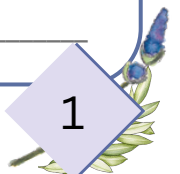
*You might also check with your chosen provider(s) to ensure that they will honor your designation of a Deathcare Surrogate. I have spoken to funeral directors who say they would refuse to honor a legally declared Deathcare Surrogate designation because deferring to next of kin is what they have always done.*

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# Deathcare Surrogate

I give my Deathcare Surrogate named below control of my final disposition decisions. They shall have the authority to handle arrangements with any funeral home, funeral professional, cemetery, crematory, memorial or marker designer, or other related provider following my death.

I give my Deathcare Surrogate named below the authority to receive copies of my death certificate.

I (full legal name) \_\_\_\_\_ designate as my deathcare surrogate:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Relation: \_\_\_\_\_

If my deathcare surrogate is not willing, able, or reasonably available to perform their duties, I designate as my alternate deathcare surrogate:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Relation: \_\_\_\_\_

If my alternate deathcare surrogate is not willing, able, or reasonably available to perform their duties, I designate as my 2nd alternate deathcare surrogate:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Relation: \_\_\_\_\_

*This form can be filled out by itself with the witnesses and notary on the following page or it can be filled out and executed as part of the full IADD workbook at <http://IADDResource.org>.*

*The full book includes a self-authorization for cremation and other resources that your deathcare surrogate may need to understand and carry out your wishes.*



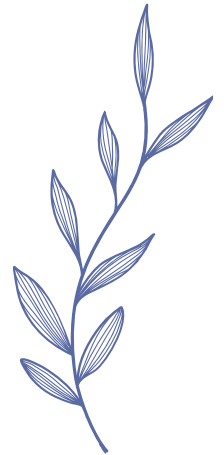
# Deathcare Surrogate, Signatures

I, \_\_\_\_\_, intend my Deathcare Surrogate and alternates listed on this document to be entrusted to make deathcare decisions on my behalf. I give them the authority to work with deathcare professionals who will be caring for me as I am nearing death and caring for my remains after my death and to make decisions regarding my disposition and final resting place.



Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed Legal Name: : \_\_\_\_\_  
Printed Preferred Name (if different) \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_

Witness 1: \_\_\_\_\_ Date: \_\_\_\_\_  
Legal Name: : \_\_\_\_\_ Preferred Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_



Witness 2: \_\_\_\_\_ Date: \_\_\_\_\_  
Legal Name: : \_\_\_\_\_ Preferred Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_



## Acknowledgement by Notary Public

State/Commonwealth of \_\_\_\_\_ County \_\_\_\_\_  In person

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me, \_\_\_\_\_,  Online

the undersigned Notary Public, appeared \_\_\_\_\_

Personally Known to me **OR**  Proved to me on the basis of satisfactory evidence to be the person whose name is subscribed within the instrument and acknowledged to me that they executed the same for the purposes therein stated.

Signature of Notary Public: \_\_\_\_\_ **Notary Seal:**  
Date of Expiration of Appointment: : \_\_\_\_\_

