Deathcare Surrogate Designation

Many people want to choose who will make decisions about their funeral, disposition, memorialization, and other deathcare arrangements after they die. This form provides a clear way to document that choice and communicate it to the people and deathcare professionals who will need to act on your behalf.

Identity Affirming Deathcare Directives uses the term Deathcare Surrogate for the person you designate. State laws may use other terms, including Legally Authorized Person, Agent to Control Disposition of Remains, Funeral Representative, Funeral Agent, or similar language. Advance directives and healthcare proxy documents that address decisions following death may be recognized in some states.

Using This Form

Requirements for designating someone to control deathcare arrangements vary by state. In some states, this form may be sufficient to document the authority you intend. In others, it should be used along with a state-specific form, required language, witnesses, notarization, or other documentation.

Review the Funeral Consumers Alliance State-by-State Guide linked below to learn your state's requirements.

This form is intended to supplement any additional requirements that apply in your state—not replace them. An intentional and separate disposition-agent document can be a useful part of deathcare planning. This is provided as a general planning resource and is not intended to constitute or replace legal advice.

Recommendations:

- Complete this form separately from, or in addition to, instructions contained in your will. Deathcare decisions may need to be made before a will is reviewed.
- Talk with your Deathcare Surrogate and alternate about your wishes, where your planning documents are located, and how your arrangements will be funded.
- Give copies of this document to your Deathcare Surrogate and alternate and tell other trusted people where it can be found.
- If you have prearrangements with a funeral home, cemetery, or other provider, consider giving them a copy to keep with your planning records.
- If you anticipate disagreement, concern about recognition of your chosen family or identity, or uncertainty about whether your documentation meets your state's requirements, consider consulting an attorney licensed in your state.

Resources:

The Order of the Good Death Advance Directive Information

The Order of the Good Death

https://www.orderofthegooddeath.com/resources/end-of-life-planning/#advanced-directives

FCA State-by-State guide

Funeral Consumers Alliance

https://www.funerals.org/your-rights/state-by-state-rights/state-by-state-assigning-an-agent-to-control-disposition/

Deathcare Surrogate Designation

Name: _____ **Date of Declaration:** _____

I authorize the person named below as my Deathcare Surrogate, to the fullest extent permitted by applicable law, to make decisions concerning my funeral or memorial arrangements, disposition of my remains, final resting place or memorialization, and related deathcare arrangements following my death.

I intend for this person to communicate and make arrangements with funeral homes, funeral professionals, cemeteries, crematories, celebrants, memorial providers, and other related providers as needed.

Person to serve as Deathcare Surrogate:

Legal Name: _____ **Preferred Name:** _____

Relationship / connection (optional): _____

Alternate Person to serve as Deathcare Surrogate:

If my designated Deathcare Surrogate is unable, unwilling, or legally ineligible to serve, I designate the following person as my Alternate Deathcare Surrogate:

Legal Name: _____ **Preferred Name:** _____

Relationship / connection (optional): _____

Location of deathcare wishes, directives, and/or planning documents:

_____

funeral home, cemetery, or other provider where I have arrangements on file:

_____

Deathcare Surrogate Designation Signatures

Person Making this Declaration:

I, _____, authorize my deathcare surrogate and alternate named in this document to make decisions and empower them to carry out my deathcare wishes.

Signature: **Date:**

Printed Legal Name:

Printed Preferred Name:

Phone: **Email:**

Address:

Deathcare Surrogate:

I, _____, acknowledge that I have been designated as the Deathcare Surrogate named in this document. I understand that my authority and responsibilities are subject to applicable state law, and I accept this designation and responsibility.

Signature: **Date:**

Printed Legal Name:

Printed Preferred Name:

Phone: **Email:**

Address:

Alternate Deathcare Surrogate:

I, _____, acknowledge that I have been designated as the alternate Deathcare Surrogate. If the primary surrogate is unable, unwilling, or legally ineligible to serve, I also understand that my authority and responsibilities are subject to applicable state law, and I accept this designation and responsibility.

Signature: **Date:**

Printed Legal Name:

Printed Preferred Name:

Phone: **Email:**

Address:

Deathcare Surrogate Designation Signatures - Witnesses

Witnesses - if required or desired:

If witnesses are required or used, follow the requirements of the state whose law applies regarding who may serve as a witness and what must be witnessed. The spaces below are provided for witness signatures.

Signature: **Date:**

Printed Legal Name:

Printed Preferred Name:

Phone: **Address:**

Signature: **Date:**

Printed Legal Name:

Printed Preferred Name:

Phone: **Address:**

Notary:

If notarization is required or desired, follow the notarial requirements of the state whose law applies. The notary may write or stamp below, or attach the appropriate certificate.