

Duzak Funeral & Cremation Center, Inc.

16600 W. Warren – Detroit, Michigan 48228

Toll Free – 1 800 331 5051

Fax: 1 313 584 8536

DESIGNATION of a FUNERAL REPRESENTATIVE

Signatures must be Notarized

(Print Full name)

Address

Date of Birth

Who cannot serve as a Funeral Representative

The following categories of persons are not allowed to serve as your funeral representative (unless the person is also your spouse or close relative):

A licensed health professional

An employee or volunteer of a health or veteran's facility that provided care during your final illness

An officer or employee of a funeral establishment that will provide services for you

An officer or employee of a cemetery where you will be interred

An officer or employee of a crematory where you will be cremated

I, _____, being 18 years or older and of sound mind,
(Print Name)

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

Name (1st Choice)

Telephone Number

Address

If my 1st choice cannot serve or be located, the person who is my 2nd choice or my "successor funeral representative" is: (PAGE 2)

Name (2nd Choice)

Telephone Number

Address

The person named as my 1st choice being designated as my **funeral representative shall have the right and power to make decisions about my funeral arrangements, handling, disposition, or disinterment of my body, including decisions about cremation.** These same decisions shall be made by my 2nd choice if my 1st choice cannot serve or be located. **Costs / Payment will be handled by my 1st choice, and if my 1st choice cannot serve or be located, the costs will fall unto my 2nd Choice.** This designation shall revoke any prior funeral representative designation(s) I have made.

SIGN / I signed this document voluntarily, and I understand its purpose.

Date of Signing

Telephone Number

Address

ACCEPTANCE BY FUNERAL REPRESENTATIVE (1st Choice)

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

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

the following date: _____

Signature of funeral representative

Date

ACCEPTANCE BY FUNERAL REPRESENTATIVE (2nd Choice)

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

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

the following date: _____

Signature of funeral representative

Date

Witness my hand this _____ day of _____, 20_____

Seal Affixed

By _____

State of _____ ss.

County of _____

On this _____ day of _____, 20_____ before

me acknowledged that he/she executed the above instrument as his/her free act and deed.

My commission expires: _____

(X) _____

Notary Public

_____ 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 Ac