

# DECLARATION OF DISPOSITION OF LAST REMAINS

I, \_\_\_\_\_ (name of declarant),  
being of sound mind and lawful age, hereby revoke all prior declarations, wills, codicils, trusts,  
powers of appointment, and powers of attorney regarding the disposition of my last remains, and I  
declare and direct that after my death the following provisions be taken:

1. If permitted by law, my body shall be (initial ONE choice):

\_\_\_\_\_ **Buried.** I direct that my body be buried at \_\_\_\_\_

\_\_\_\_\_ **Cremated.** I direct that my cremated remains be disposed of as follows:

\_\_\_\_\_ **Entombed.** I direct that my body be entombed at: \_\_\_\_\_

\_\_\_\_\_ **Other.** I direct that my body be disposed of as follows: \_\_\_\_\_

\_\_\_\_\_ **Disposed of as** \_\_\_\_\_ (Name of designee) **shall decide in writing.** If \_\_\_\_\_ is unwilling or unable to act, I nominate \_\_\_\_\_ as my alternate designee.

2. I request that the following **ceremonial arrangements** be made (initial desired choice or choices):

\_\_\_\_\_ I request \_\_\_\_\_ (name of designee) make all arrangements for any ceremonies, consistent with my directions set forth in this declaration. If \_\_\_\_\_ is unwilling or unable to act, I nominate \_\_\_\_\_ as my alternate designee.

\_\_\_\_\_ **Funeral.** I request the following arrangements for my funeral:

\_\_\_\_\_ **Memorial Service.** I request the following arrangements for my memorial service:

3. **Special instructions.** In addition to the instructions above, I request (on the following lines you may make special requests regarding ceremonies or lack of ceremonies): \_\_\_\_\_

Note: Those persons or entities asked to carry out a declarant's intent regarding disposition of last remains and ceremonial arrangements need do so only if the declarant's intent is reasonable under the circumstances. "Reasonable under the circumstances" may take into consideration factors such as a known prepaid funeral, burial, or cremation plan of the declarant, the size of the declarant's estate, cultural or family customs, declarant's religious or spiritual beliefs, known or reasonably ascertainable creditors of the declarant, and the declarant's financial situation prior to death.

I may revoke or amend this declaration in writing at any time. I agree that a third party who receives a copy of this declaration may act according to it. Revocation of this declaration is not effective as to a third party until the third party learns of my revocation. My estate shall indemnify any third party for costs incurred as a result of claims that arise against the third party because of good-faith reliance on this declaration.

I execute this declaration as my free and voluntary act, on (date) \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_

(Signature of Declarant)

THE FOLLOWING SECTION REGARDING ORGAN AND TISSUE DONATION IS OPTIONAL. To make a donation, initial the option you select and sign below.

In the hope that I might help others, I hereby make an anatomical gift, to be effective upon my death, of:

A. \_\_\_\_\_ Any needed organs/tissues

B. \_\_\_\_\_ The following organs/tissues:

\_\_\_\_\_  
\_\_\_\_\_

Donor signature: \_\_\_\_\_

Notarization (optional):

STATE OF COLORADO                    }  
  } ss.

COUNTY OF \_\_\_\_\_ }

Acknowledged before me by \_\_\_\_\_, Declarant,  
on \_\_\_\_\_, \_\_\_\_\_. My Commission expires: \_\_\_\_\_

[seal]

\_\_\_\_\_

(Notary Public)