First Choice Mobile Notary & Apostille
(866) 828-6856
Book an Appointment Online
www.firstchoicenotary.com

# How to Complete Your Illinois Appointment of Agent to Control Disposition of Remains

Appointment of Agent to Control Disposition of Remains (Disposition of Remains Act, 755 ILCS 65/10)

**INSTRUCTIONS — KEEP FOR YOUR RECORDS. DO NOT ATTACH THIS PAGE TO YOUR DOCUMENT.**

**About this form.** This is Illinois's statutory form for choosing who will make decisions about your **funeral, burial, or cremation** after your death, and for giving any special directions.

1. **Name your agent (Page 1)**
   Enter your name and the person you want to control your funeral, burial, or cremation. You may add special directions and choose who, if anyone, may cancel a cremation.
2. **Name successors (Page 2)**
   Name up to two successor agents in case your first agent cannot act.
3. **Sign in front of a notary (Page 3)**
   Illinois law requires **your signature to be notarized** for this appointment to be legally sufficient. Do not sign ahead of time. Bring a current, government-issued photo ID.
4. **Agents sign to accept**
   Your agent's authority does not start until the agent signs the acceptance. Agents may sign at any time, including at the same appointment.

## After It's Signed

- Give copies to your agent, successor agents, and your chosen funeral home. Hospitals, funeral homes, and cemeteries may act on a copy.
- To change or revoke this appointment, you must sign a new written instrument that meets the same requirements, including notarization.
- Without this form, Illinois law gives control to others in a set order, starting with any agent under your health care power of attorney, then your spouse and adult children.

**Need a Notary? We Come to You.**

Homes • Hospitals • Care Facilities • Offices
Mobile Notary & Apostille Services
**Illinois-Commissioned Notaries • Serving Illinois**

Call us anytime
**(866) 828-6856**
**Book an Appointment Online**
**www.firstchoicenotary.com**

**Have questions about this document?** To consult with an attorney, contact **Gavrilov & Brooks Law Firm** at **(916) 504-0529** or **www.gavrilovlaw.com**.

This form is provided as a free convenience. First Choice Mobile Notary & Apostille is not a law firm, and a notary public who is not an attorney cannot give legal advice or help you decide what to write on this form. These instructions are general information only and are not legal advice. If you have questions about your situation, consult a licensed Illinois attorney. © 2026 First Choice Mobile Notary & Apostille. All rights reserved. This form may be filled in and printed for personal use; it may not be copied, altered, or redistributed for commercial purposes.

# APPOINTMENT OF AGENT TO CONTROL DISPOSITION OF REMAINS

(Disposition of Remains Act, 755 ILCS 65/10)

I,

Your full name

being of sound mind, willfully and voluntarily make known my desire that, upon my death, the disposition of my remains shall be controlled by

Name of agent

(name of agent first named below) and, with respect to that subject only, I hereby appoint such person as my agent (attorney-in-fact). All decisions made by my agent with respect to the disposition of my remains, including cremation, shall be binding.

## SPECIAL DIRECTIONS:

Set forth below are any special directions limiting the power granted to my agent:

If the disposition of my remains is by cremation, then:

☐ I do not wish to allow any of my survivors the option of canceling my cremation and selecting alternative arrangements, regardless of whether my survivors deem a change to be appropriate.

☐ I wish to allow only the survivor(s) I have designated below the option of canceling my cremation and selecting alternative arrangements, if they deem a change to be appropriate:

## ASSUMPTION:

**THE AGENT, AND EACH SUCCESSOR AGENT, BY ACCEPTING THIS APPOINTMENT, AGREES TO AND ASSUMES THE OBLIGATIONS PROVIDED HEREIN. AN AGENT MAY SIGN AT ANY TIME, BUT AN AGENT'S AUTHORITY TO ACT IS NOT EFFECTIVE UNTIL THE AGENT SIGNS BELOW TO INDICATE THE ACCEPTANCE OF APPOINTMENT. ANY NUMBER OF AGENTS MAY SIGN, BUT ONLY THE SIGNATURE OF THE AGENT ACTING AT ANY TIME IS REQUIRED.**



© 2026 First Choice Mobile Notary & Apostille • Serving Illinois • (866) 828-6856 | www.firstchoicenotary.com

## AGENT:

### Agent

Name | Address | Telephone number

X _____ Date of signature

Signature indicating acceptance of appointment

## SUCCESSORS:

If my agent dies, becomes legally disabled, resigns, or refuses to act, I hereby appoint the following person(s) (each to act alone and successively, in the order named) to serve as my agent (attorney-in-fact) to control the disposition of my remains as authorized by this document:

### First Successor

Name | Address | Telephone number

X _____ Date of signature

Signature indicating acceptance of appointment

### Second Successor

Name | Address | Telephone number

X _____ Date of signature

Signature indicating acceptance of appointment

## DURATION:

This appointment becomes effective upon my death.

## PRIOR APPOINTMENTS REVOKED:

I hereby revoke any prior appointment of any person to control the disposition of my remains.

## RELIANCE:

I hereby agree that any hospital, cemetery organization, business operating a crematory or columbarium or both, funeral director or embalmer, or funeral establishment who receives a copy of this document may act under it. Any modification or revocation of this document is not effective as to any such party until that party receives actual notice of the modification or revocation. No such party shall be liable because of reliance on a copy of this document.

Principal's initials: _____



© 2026 First Choice Mobile Notary & Apostille • Serving Illinois • (866) 828-6856 | www.firstchoicenotary.com

Signed this day of | month | year

X
(signed)

Printed name

## NOTARY ACKNOWLEDGMENT

**STATE OF ILLINOIS )**
**COUNTY OF ) SS.**

BEFORE ME, the undersigned, a Notary Public, on this day personally appeared the person named below, proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed.

Name of person who appeared

Date

X
Notary Public

(Notary seal)

Notary's printed name

My commission expires



© 2026 First Choice Mobile Notary & Apostille • Serving Illinois • (866) 828-6856 | www.firstchoicenotary.com