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How to Complete Your Michigan Funeral Representative Designation

Funeral Representative Designation (MCL 700.3206)

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

About this form. Under MCL 700.3206, you may name a **funeral representative** to make decisions about your funeral and the disposition of your remains, ahead of your family members.

1. **Name your representative (Page 1)**
   Name a funeral representative and an optional successor, and state your wishes.
2. **Sign with witnesses and a notary (Page 2)**
   Sign in front of two adult witnesses and a notary, so funeral homes can rely on it without question. We can provide witnesses for an additional fee.

After It's Signed

- Give copies to your funeral representative, family, and any funeral home you have prearranged with.

Need a Notary and Witnesses? We Come to You.

Homes • Hospitals • Care Facilities • Offices • Available Anytime
Qualified witnesses available for an additional fee.

Michigan-Commissioned Notaries

SCAN TO BOOK

Questions about this document? Talk to an attorney. Gavrilov & Brooks Law Firm has attorneys licensed in multiple states. Phone and video consultations are available, wherever you are. **(916) 504-0529** · **www.gavrilovlaw.com**

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YOUR FORM BEGINS ON THE NEXT PAGE

FUNERAL REPRESENTATIVE DESIGNATION

(Michigan — MCL 700.3206)

I,

Name of declarant | Date of birth

Address

designate the following individual as my **funeral representative**, with the right and power to make decisions about funeral arrangements and the handling, disposition, or disinterment of my body, and to bring an action to enforce them:

Funeral representative | Telephone | Relationship

Address

Successor funeral representative (optional), if the first is unwilling or unable to act:

Successor funeral representative | Telephone | Relationship

Address

My wishes (burial, cremation, services, religious observances, place of disposition, prepaid arrangements):

This designation is effective at my death and revokes any earlier funeral representative designation. I may revoke it at any time.

Declarant's initials: _____

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X

Signature of declarant

Date

We sign below as witnesses. The declarant signed this designation in our presence and appears to be of sound mind and under no duress, fraud, or undue influence. Neither of us is the funeral representative.

X

Witness No. 1's Signature

Date

Name Printed

Address

X

Witness No. 2's Signature

Date

Name Printed

Address

NOTARY ACKNOWLEDGMENT

STATE OF MICHIGAN)
)
COUNTY OF)

This document was acknowledged before me on

(date)

by (name(s) of the declarant)

X

Notary Public

(Notary seal)

Notary's printed name

Notary public, State of Michigan, County of

Acting in the County of (if different)

Commission expires

ACCEPTANCE. I accept this designation as funeral representative.

X

Funeral representative

Date

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