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How to Complete Your Ohio Disposition of Remains Designation

Appointment of Representative for Disposition of Bodily Remains (R.C. 2108.72)

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

About this form. This is Ohio's statutory form for choosing who will make decisions about your **funeral, burial, or cremation**, and for recording your preferences and how they should be paid for.

1. **Name your representative (Page 1)**
   Enter your representative and a successor, plus your preferences and sources of funds.
2. **Sign and accept (Page 2)**
   Sign and date. Your representative may also sign the optional acceptance.
3. **Two witnesses or a notary (Page 3)**
   Ohio requires the declaration to be signed before **two adult witnesses** who are not related to you and not your representative, **or** acknowledged before a **notary**. We can provide witnesses for an additional fee.

After It's Signed

- Give copies to your representative and your chosen funeral home. Funeral homes and cemeteries may act on a copy.

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Witnesses available for an additional fee
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Have questions about this document? To consult with an attorney, contact **Gavrilov & Brooks Law Firm** at **(916) 504-0529** or **www.gavrilovlaw.com**. Attorneys licensed in California, Nevada, and other states.

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APPOINTMENT OF REPRESENTATIVE FOR DISPOSITION OF BODILY REMAINS

FUNERAL ARRANGEMENTS, AND BURIAL OR CREMATION GOODS AND SERVICES (R.C. 2108.72)

I,

(legal name and present address of declarant)

an adult being of sound mind, willfully and voluntarily appoint my representative, named below, to have the right of disposition, as defined in section 2108.70 of the Revised Code, for my body upon my death. All decisions made by my representative with respect to the right of disposition shall be binding.

REPRESENTATIVE:

(If the representative is a group of persons, indicate the name, last known address, and telephone number of each person in the group.)

Name(s)	Address(es)	Telephone Number(s)

SUCCESSOR REPRESENTATIVE:

If my representative is disqualified from serving as my representative as described in section 2108.75 of the Revised Code, then I hereby appoint the following person or group of persons to serve as my successor representative.

(If the representative is a group of persons, indicate the name, last known address, and telephone number of each person in the group.)

Name(s)	Address(es)	Telephone Number(s)

PREFERENCES REGARDING HOW THE RIGHT OF DISPOSITION SHOULD BE EXERCISED, INCLUDING ANY RELIGIOUS OBSERVANCES THE DECLARANT WISHES A REPRESENTATIVE OR A SUCCESSOR REPRESENTATIVE TO CONSIDER:

ONE OR MORE SOURCES OF FUNDS THAT COULD BE USED TO PAY FOR GOODS AND SERVICES ASSOCIATED WITH AN EXERCISE OF THE RIGHT OF DISPOSITION:

Declarant's initials: _____

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DURATION:
The appointment of my representative and, if applicable, successor representative, becomes effective upon my death.

PRIOR APPOINTMENTS REVOKED:
I hereby revoke any written declaration that I executed in accordance with section 2108.70 of the Ohio Revised Code prior to the date of execution of this written declaration indicated below.

AUTHORIZATION TO ACT:
I hereby agree that any of the following that receives a copy of this written declaration may act under it:

- Cemetery organization;
- Crematory operator;
- Business operating a columbarium;
- Funeral director;
- Embalmer;
- Funeral home;
- Any other person asked to assist with my funeral, burial, cremation, or other manner of final disposition.

MODIFICATION AND REVOCATION — WHEN EFFECTIVE:
Any modification or revocation of this written declaration is not effective as to any party until that party receives actual notice of the modification or revocation.

LIABILITY:
No person who acts in accordance with a properly executed copy of this written declaration shall be liable for damages of any kind associated with the person's reliance on this declaration.

Signed this day of _____ month and year _____

X _____
(Signature of declarant)

ACKNOWLEDGMENT OF ASSUMPTION OF OBLIGATIONS AND COSTS:
By signing below, the representative, or successor representative, if applicable, acknowledges that he or she, as representative or successor representative, assumes the right of disposition as defined in section 2108.70 of the Revised Code, and understands that he or she is liable for the reasonable costs of exercising the right, including any goods and services that are purchased.

ACCEPTANCE (OPTIONAL):
The undersigned hereby accepts this appointment as representative or successor representative, as applicable, for the right of disposition as defined in section 2108.70 of the Revised Code.

X _____ Date _____
Signature of representative (each person in a group signs)

X _____ Date _____
Signature of successor representative

Declarant's initials: _____

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WITNESSES:

I attest that the declarant signed or acknowledged this assignment of the right of disposition under section 2108.70 of the Revised Code in my presence and that the declarant is at least eighteen years of age and appears to be of sound mind and not under or subject to duress, fraud, or undue influence. I further attest that I am not the declarant's representative or successor representative, I am at least eighteen years of age, and I am not related to the declarant by blood, marriage, or adoption.

First witness:

Name (printed) | Residing at

X _____ Date

Signature

Second witness:

Name (printed) | Residing at

X _____ Date

Signature

OR

NOTARY ACKNOWLEDGMENT

STATE OF OHIO)
) ss.
**COUNTY OF) **

On (date)

before me, the undersigned notary public, personally appeared the person named below, known to me or satisfactorily proven to be the person whose name is subscribed as the declarant, and who has acknowledged that he or she executed this written declaration under section 2108.70 of the Revised Code for the purposes expressed in that section. I attest that the declarant is at least eighteen years of age and appears to be of sound mind and not under or subject to duress, fraud, or undue influence.

Name of declarant

X _____

Notary Public

(Notary seal)

Notary's printed name

My commission expires

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