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How to Complete Your Texas Appointment for Disposition of Remains

Appointment for Disposition of Remains (Texas Health and Safety Code Section 711.002)

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

About this form. This is Texas's statutory form for choosing who will make decisions about your funeral, burial, or cremation. Without it, Texas law gives that right to your spouse, then your adult children, then your parents, and so on.

1. **Name your agent and successors (Page 1)**
   Enter your name and the person you want to control the disposition of your remains, including burial or cremation, plus up to two successors.
2. **Special directions (Page 1)**
   Write any directions that limit your agent, such as burial versus cremation or a specific cemetery, or write "None."
3. **Sign in front of a notary (Page 2)**
   Texas requires your signature on this form to be **acknowledged before a notary**. Do not sign ahead of time. Bring a current, government-issued photo ID.
4. **Agent acceptance (Page 2)**
   Your agent and successors do not need to sign now, but each must sign the acceptance before acting. They may sign at the same appointment.

After It's Signed

- Give copies to your agent, successors, and your chosen funeral home. Funeral homes and cemeteries may act on a copy.
- Your agent will be individually liable for the reasonable cost of interment but may seek reimbursement from your estate.
- To change or revoke this appointment, you must sign a new written instrument and have it acknowledged before a notary.

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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**. Main headquarters: 2315 Capitol Avenue, Sacramento, CA 95816.

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APPOINTMENT FOR DISPOSITION OF REMAINS

(Texas Health and Safety Code Section 711.002)

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)

in accordance with Sections 711.002 and 711.004, Health and Safety Code, 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:

AGENT:

Name | Telephone Number

Address

SUCCESSORS:

If my agent or a successor agent dies, becomes legally disabled, resigns, or refuses to act, or if my marriage to my agent or successor agent is dissolved by divorce, annulled, or declared void before my death and this instrument does not state that the agent or successor agent continues to serve after my marriage to that agent or successor agent is dissolved by divorce, annulled, or declared void, I hereby appoint the following persons (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:

1. First Successor

Name | Telephone Number

Address

2. Second Successor

Name | Telephone Number

Address

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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 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.

ASSUMPTION:

THE AGENT, AND EACH SUCCESSOR AGENT, BY ACCEPTING THIS APPOINTMENT, ASSUMES THE OBLIGATIONS PROVIDED IN, AND IS BOUND BY THE PROVISIONS OF, SECTIONS 711.002 AND 711.004, HEALTH AND SAFETY CODE.

SIGNATURES:

This written instrument and my appointments of an agent and any successor agent in this instrument are valid without the signature of my agent and any successor agents below. Each agent, or a successor agent, acting pursuant to this appointment must indicate acceptance of the appointment by signing below before acting as my agent.

Signed this day of _____ month _____ year _____

X _____ (your signature)

Printed name _____

NOTARY ACKNOWLEDGMENT

STATE OF TEXAS §

COUNTY OF _____ §

This document was acknowledged before me on

(date) _____ (name of principal) _____

X _____

Notary Public, State of Texas

(Notary seal)

Notary's printed name _____

Notary ID number _____ My commission expires _____

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ACCEPTANCE AND ASSUMPTION BY AGENT:

I have no knowledge of or any reason to believe this Appointment for Disposition of Remains has been revoked. I hereby accept the appointment made in this instrument with the understanding that I will be individually liable for the reasonable cost of the decedent's interment, for which I may seek reimbursement from the decedent's estate.

Acceptance of Appointment:

X _____ (signature of agent) | Printed name | Date of Signature

Acceptance of Appointment:

X _____ (signature of first successor) | Printed name | Date of Signature

Acceptance of Appointment:

X _____ (signature of second successor) | Printed name | Date of Signature

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