

# My Burial Agents

FOR USE IN IOWA

In recognition that there may come a time, after my death, that decisions will need to be made with regard to the care and disposition of my body, I

\_\_\_\_\_  
LEGAL NAME

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
HEBREW NAME (IF KNOWN)

\_\_\_\_\_  
FATHER'S HEBREW NAME (IF KNOWN)

being of sound mind, hereby willfully and voluntarily designate the following person(s) as my agent(s) with regard to the final disposition of my remains.

(Note: See **Instructions** for restrictions on who may act as your agent.)

\_\_\_\_\_  
NAME OF PRIMARY AGENT

\_\_\_\_\_  
NAME OF SUCCESSOR AGENT (OPTIONAL)

\_\_\_\_\_  
TELEPHONE (CELL)

\_\_\_\_\_  
EMAIL

\_\_\_\_\_  
TELEPHONE (CELL)

\_\_\_\_\_  
EMAIL

No decisions regarding dissection, autopsy, donation of body organs, or the preparation for and the time of my burial, shall be made by anyone other than my agent(s) named below, so long as either is available, or in violation of the directions I direct in the document entitled **My Burial Wishes**.

This declaration hereby revokes all prior declarations. This designation becomes effective upon my death.

My designee shall act in a manner that is reasonable under the circumstances.

I may revoke or amend this declaration at any time. I agree that a third party (such as a funeral establishment, funeral director, or cemetery) who receives a copy of this declaration may act in reliance on it. Revocation of this declaration is not effective as to a third party until the third party receives notice of the revocation. My estate shall indemnify my designee and any third party for costs incurred by them or claims arising against them as a result of their good faith reliance on this declaration.

I execute this declaration as my free and voluntary act.

\_\_\_\_\_  
MY SIGNATURE *(Sign only in front of witnesses)*

\_\_\_\_\_  
MY PRINTED NAME

\_\_\_\_\_  
DATE

*Note: If you are not physically capable of signing, another person may sign your name on your behalf, and note that this was done.*

## DECLARATION OF WITNESS

*Note: The following people may not serve as a witness: your agent or successor agent, someone who is signing for you.*

I declare that the person who executed this document is personally known to me or produced identification and appears to be of sound mind and acting of his or her free will. He or she signed or asked another to sign for him or her this document in my presence.

\_\_\_\_\_  
WITNESS 1 SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS 2 SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS 1 PRINTED NAME

\_\_\_\_\_  
WITNESS 2 PRINTED NAME

\_\_\_\_\_  
WITNESS 1 ADDRESS

\_\_\_\_\_  
WITNESS 2 ADDRESS

**IT IS RECOMMENDED THAT COPIES OF THIS FORM BE GIVEN TO**  
THE AGENT(S) NAMED ABOVE, FAMILY MEMBERS, ATTORNEY, SOCIAL WORKER, RABBI,  
OR ANYONE LIKELY TO BE CONTACTED IN THE EVENT OF YOUR DEATH.



DOWNLOAD THIS FORM AT [LASTKINDNESS.ORG](http://LASTKINDNESS.ORG)



# My Burial Wishes

FOR USE IN IOWA

**APPOINTMENT OF AGENT(S)** In recognition that there may come a time, after my death, that decisions will need to be made with regard to the care and disposition of my body, I

\_\_\_\_\_  
LEGAL NAME

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
HEBREW NAME (IF KNOWN)

\_\_\_\_\_  
FATHER'S HEBREW NAME (IF KNOWN)

being of sound mind, willfully and voluntarily direct that my special directions, as recorded on this form, shall be followed in all events, whether or not any agent(s) I may name is able to act as such. I direct that no decisions regarding dissection, autopsy, donation of body organs, or the preparation for and time of my burial shall be made by anyone other than any agent(s) I may name, so long as either is available, or in violation of my special directions.

My body should be buried and not cremated. \_\_\_\_\_ (Initial)

I object to any autopsy of my body except when permitted by Jewish law. \_\_\_\_\_ (Initial)

I should receive a tahara and my funeral should be conducted according to Jewish law and tradition. \_\_\_\_\_ (Initial)

I hereby revoke any prior declarations, wills, codicils, trusts, powers of appointment, and powers of attorney regarding the disposition of my last remains.

\_\_\_\_\_  
MY SIGNATURE *(Sign only in front of witnesses)*

\_\_\_\_\_  
MY LEGAL NAME *(Print)*

\_\_\_\_\_  
DATE

*If you are not physically capable of signing, another person may sign your name on your behalf, and note that this was done.*

## DECLARATION OF WITNESS

*(Note: The following people may not serve as a witness: your agent or successor agent, someone who is signing for you.)*

I declare that the person who executed this document is personally known to me or produced identification and appears to be of sound mind and acting of his or her free will. He or she signed or asked another to sign for him or her this document in my presence.

\_\_\_\_\_  
WITNESS 1 SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS 2 SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS 1 PRINTED NAME

\_\_\_\_\_  
WITNESS 2 PRINTED NAME

\_\_\_\_\_  
WITNESS 1 ADDRESS

\_\_\_\_\_  
WITNESS 2 ADDRESS

**IT IS RECOMMENDED THAT COPIES OF THIS FORM BE GIVEN TO  
THE AGENT(S) NAMED ABOVE, FAMILY MEMBERS, ATTORNEY, SOCIAL WORKER, RABBI,  
OR ANYONE LIKELY TO BE CONTACTED IN THE EVENT OF YOUR DEATH.**

# Instructions for Completing the **My Burial Wishes** and **My Burial Agent** Forms FOR USE IN IOWA

## GENERAL INFORMATION

**1.** This form is intended for those whose primary residence is in Iowa. If you divide your time between Iowa and a different state, execute the document for the state that is your primary residence.

**2.** In Iowa, your designation of agents cannot be made in the same document as any directions you make (for example, the direction that you should be buried and not cremated). For that reason, we have created two separate documents: **My Burial Agents**, for designating your agent(s), and **My Burial Wishes**, for stating directions.

It is best if they are printed on separate pages, and not on two sides of the same sheet.

You may use the same witnesses for both forms.

**3.** You do not need two agents. However, it is advisable to have two if there is a possibility that your primary agent may be unable to perform their duties.

## RESTRICTIONS ON WHO MAY ACT AS YOUR AGENT

The following may not act as your agent:

**a.** A funeral director

**b.** An attorney

**c.** Any agent, owner, or employee of a funeral establishment, cemetery, elder group home, assisted living program, adult day services program, or licensed hospice program, **unless** they are either your spouse or a blood relative.

## FILLING OUT THE FORM

You can either:

**a.** Print the blank document and write in the information by hand, **or**

**b.** Fill in the fields on the computer, then print the partially completed document. Please note that fields for signatures, dates and initials will need to be filled out by hand, in front of the witnesses.

## SIGNING THE FORM

**1.** Do not:

**a.** Sign or date the document until the witnesses are present.

**b.** Initial any boxes until the witnesses are present.

**2.** If you are unable to sign for yourself, someone may sign on your behalf, but must note on the form that they did so. That person may not act as a witness to the document.

## WITNESSING

**1.** The witnesses must be present when you sign.

**2.** If someone signed the form on your behalf, they may not also act as a witness for the form.

**3.** Your witnesses for the **My Burial Agents** form must be someone other than: your agent, your successor agent, someone who signed the form on your behalf.

## AFTER THE DOCUMENT IS SIGNED AND WITNESSED

**1.** A copy of the form should be kept with your medical information.

**2.** Additional copies should be sent to anyone likely to be contacted in the event of your death, including but not limited to your family members, attorney, social worker, or rabbi.

**3.** Keep the original so you can give a copy of it to whoever you might need to in the future.