

# My Burial Wishes

FOR USE IN MICHIGAN

## 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 declare and direct my desire that, upon my death, the disposition of my remains shall be controlled by the following person(s), whom I hereby appoint as my agent(s) regarding the disposition of my remains.

(Note: your agent(s) may not be an officer, partner, member, shareholder, owner, representative, or employee of a funeral establishment that will provide services for you, unless the agent(s) are related to you by birth, marriage, or adoption.)

NAME OF PRIMARY AGENT

NAME OF SUCCESSOR AGENT (OPTIONAL)

TELEPHONE (CELL)

EMAIL

TELEPHONE (CELL)

EMAIL

I do hereby direct that the following "special directions" limit the power of my agent(s) and shall be followed in all events, whether or not my agent is able to act as such. 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 my agent(s) named above, 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 PRINTED NAME

DATE

## DECLARATION OF WITNESS

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.

I am not:

- A health professional, or an employee of or volunteer at a health facility or veterans facility, who provided medical treatment or nursing care to the declarant during the final illness or immediately before their death
- A partner, member, shareholder, owner, or representative of the health facility where medical treatment or nursing care was provided
- An officer, partner, member, shareholder, owner, representative, or employee of a cemetery at which the declarant's body will be buried.

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, YOUR FAMILY MEMBERS, ATTORNEY, SOCIAL WORKER, RABBI,  
AND ANYONE LIKELY TO BE CONTACTED IN THE EVENT OF YOUR DEATH.



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



## OPTIONAL INFORMATION

My **Last Will and Testament** is located at:

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I have already bought a grave. The deed or permit for my grave is located at:

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The grave is located at:

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NAME OF CEMETERY

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SECTION

BLOCK

ROW

GRAVE

The funeral home where  I have already made pre-arrangements is:  I would like to have my funeral arranged is:

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NAME OF FUNERAL HOME

PHONE NUMBER

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ADDRESS OF FUNERAL HOME

**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 Form** FOR USE IN MICHIGAN

## GENERAL INFORMATION

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

## 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 notary and witnesses.

## WHO MAY ACT AS YOUR AGENT

According to Michigan law, your agent(s) may not be an officer, partner, member, shareholder, owner, representative, or employee of a funeral establishment that will provide services for you, unless the agent(s) are related to you by birth, marriage, or adoption.)

## SIGNING THE FORM

**Do not:**

- a. Sign or date the document until the witnesses are present.
- b. Initial any boxes until the witnesses are present.

## WITNESSING

1. The witnesses must be present when you sign.
2. The following people **may not** act as witness to this document:
  - a. A health professional, or an employee of or volunteer at a health facility or veterans facility, who provided medical treatment or nursing care to to you during your final illness or immediately before your death
  - b. A partner, member, shareholder, owner, or representative of the health facility where medical treatment or nursing care was provided
  - c. An officer, partner, member, shareholder, owner, representative, or employee of a cemetery at which you will be buried.

## 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.