

# My Burial Wishes

FOR USE IN NEW JERSEY

**APPOINTMENT OF AGENT(S)** I, \_\_\_\_\_ LEGAL NAME \_\_\_\_\_ 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 the funeral home or cemetery providing any goods or services related to your funeral or the disposition of your remains.)*

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.

SIGNATURE *(Sign in presence of notary and witnesses)* \_\_\_\_\_

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

DATE \_\_\_\_\_

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

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

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

## NOTARIZATION

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

BEFORE ME, the undersigned, a Notary Public, on this day personally appeared \_\_\_\_\_ proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he/she executed the same for the purposes and consideration herein expressed. GIVEN UNDER MY HAND AND SEAL OF OFFICE (if required)

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Notary Public, State of \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

**DECLARATION OF WITNESS** *(The following people may not serve as a witness: your agent or successor agent, someone who signed for you.)*

The foregoing assignment of agent(s) and enumeration of "special directions" was, on the date written above, published and declared in our presence to be his/hers. We, in his/her presence and at his/her request, and in the presence of each other, have attested to the same and have signed our names as attesting witnesses.

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

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

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

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

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

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



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## 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

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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 NEW JERSEY

### 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 New Jersey. If you divide your time between New Jersey and a different state, execute the document for the state that is your primary residence.

### RESTRICTIONS ON WHO MAY ACT AS YOUR AGENT

Your agent(s) may not be an officer, partner, member, shareholder, owner, representative, or employee of the funeral home or cemetery providing any goods or services related to your funeral or the disposition of your remains.

### 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. Your witnesses must be someone other than: your agent, your successor agent, someone signing for you.

### 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.