

My Burial Wishes

FOR USE IN NEW YORK STATE

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) with respect to the disposition of my remains.

NAME OF PRIMARY AGENT _____ NAME OF SUCCESSOR AGENT (OPTIONAL) _____

ADDRESS _____ TELEPHONE NUMBER _____ ADDRESS _____ TELEPHONE NUMBER _____

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 notary*) _____ MY LEGAL NAME (*Print*) _____ 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 _____

ACCEPTANCE AND ASSUMPTION BY AGENT(S)

 (Note: an agent's authority to act is not effective until the agent signs below.)

- 1. I have no reason to believe there has been a revocation of this appointment to control disposition of remains.
- 2. I hereby accept this appointment.

SIGNATURE OF PRIMARY AGENT _____ DATE _____ SIGNATURE OF SUCCESSOR AGENT (*if applicable*) _____ DATE _____

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



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SIGNATURE OF PRIMARY AGENT

DATE

SIGNATURE OF SUCCESSOR AGENT (IF APPLICABLE)

DATE

OPTIONAL INFORMATION

My Last Will and Testament is located at:

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

The grave is located at:

NAME OF CEMETERY

SECTION

BLOCK

ROW

GRAVE

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

NAME OF FUNERAL HOME

PHONE NUMBER

ADDRESS OF FUNERAL HOME

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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 YORK STATE

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 York State.
If you divide your time between New York and another 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 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.

AFTER THE DOCUMENT IS SIGNED AND WITNESSED

1. Your agent(s) must accept and assume their appointment in order for the document to be legally binding.
2. Distribute the document as follows:
 - a. A copy of the form should be kept with your medical information.
 - b. 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.
 - c. Keep the original so you can give a copy of it to whoever you might need to in the future.