

My Burial Wishes

FOR USE IN RHODE ISLAND

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 make known 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.

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

ADDRESS _____ ADDRESS _____

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 in presence of notary and witness*) _____ 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.

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 therein expressed. GIVEN UNDER MY HAND AND SEAL OF OFFICE (if required)

Signature: _____

Printed Name: _____

Notary Public, State of _____

My Commission Expires: _____

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.

WITNESS SIGNATURE _____ WITNESS PRINTED NAME _____ DATE _____

WITNESS ADDRESS _____



- AGENT(S) ACCEPTANCE AND ASSUMPTION ON NEXT PAGE -

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ACCEPTANCE AND ASSUMPTION BY AGENT(S) *An agent's authority 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.

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2. I hereby accept this appointment.

SIGNATURE OF PRIMARY AGENT

DATE

SIGNATURE OF SUCCESSOR AGENT (IF APPLICABLE)

DATE

Each agent should receive an original notarized and witnessed copy of this document.

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

**IT IS RECOMMENDED THAT COPIES OF THIS FORM BE GIVEN TO
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 RHODE ISLAND**

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

FILLING OUT THE FORM

1. The form must be filled out in duplicate (or triplicate, if there are two agents), so that agents can also receive an original witnessed and notarized document.
2. You can either:
 - a. Print as many copies of the blank document as needed and write in the information by hand, **or**
 - b. Fill in the fields on the computer, then print as many copies as needed of 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 witness.

SIGNING THE FORM

1. Do not:
 - a. Sign or date the document until the witness and notary are present.
 - b. Initial any boxes until the witness and notary 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 AND NOTARIZATION

1. The witness and notary must be present when you sign.
2. Your witness must be someone other than: your agent, your successor agent, someone signing for you.

AFTER THE DOCUMENT IS SIGNED, WITNESSED, AND NOTARIZED

1. Your agent(s) must accept and assume their appointment in order for the document to be legally binding, and should receive an original witnessed and notarized document.
2. Distribute the document as follows:
 - a. Original witnessed and notarized documents for yourself and all agents
 - b. A copy should be kept with your medical information.
 - c. 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.