

## Directions for Disposition of Remains

I, \_\_\_\_\_, residing at \_\_\_\_\_ declare that I am an adult or emancipated minor. I further declare that I am of sound mind. In accordance with Section 711.002(g), Texas Health and Safety Code, I hereby provide these written directions for the disposition of my remains following my death.

### Revocation of Prior Directions

I hereby revoke any and all prior written directions which I may have signed, except as may be provided below.

- I have previously entered into a **prepaid funeral contract** with the funeral home identified below. To the extent possible, the directions contained in this instrument shall be harmonized with those, if any, contained in the prepaid funeral contract. If an irreconcilable conflict exists, however, between the two sets of directions, then:
- The directions contained in the prepaid funeral contract shall control.
- The directions contained in this instrument shall control.

Funeral Home: \_\_\_\_\_

- I have previously entered into a **prepaid burial plan** with the cemetery organization identified below. To the extent possible, the directions contained in this instrument shall be harmonized with those, if any, contained in the prepaid burial plan. If an irreconcilable conflict exists, however, between the two sets of directions, then:
- The directions contained in the prepaid burial plan shall control.
- The directions contained in this instrument shall control.

Cemetery organization: \_\_\_\_\_

### Donation of Body or Body Parts

- In accordance with the authority conferred upon me by Section 692A.004, Texas Health and Safety Code, I do hereby make the following anatomical gift, if medically acceptable, to take effect upon my death. This instrument is intended to be a record of gift in accordance with Section 692A.005(b), Texas Health and Safety Code. I hereby revoke any and all prior records of

anatomical gift.

I donate my entire body for the purpose of transplantation, therapy, research, or education. I make this gift:

to any accredited college, university, or medical school in need of a cadaver.

to the following institution only:

\_\_\_\_\_

I donate any and all organs and tissues needed for transplantation.

I donate only the following organs and tissues for transplantation:

\_\_\_\_\_

Limitations on gift: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If this record of anatomical gift shall conflict in any way with my medical power of attorney, my directive to physicians and family or surrogates, or any other advance directive I have signed, then this record of anatomical gift shall control.

***A note to the donor:** You may also authorize a statement indicating that you have made an anatomical gift to be imprinted on your driver's license or identification card. You may mail a copy of this report to The Living Bank, P.O. Box 6725, Houston, Texas 77265 (phone no.: 800-528-2971) to receive a donor card to carry with you at all times in the event of an emergency. You may also authorize that a statement or symbol be included on a donor registry to indicate that you have made an anatomical gift. See TEX. HEATH & SAFETY CODE §1692A.005(b). You may amend or revoke this anatomical gift by signing a record to that effect by the destruction or cancellation of this instrument with the intent to revoke the gift. See TEX. HEATH & SAFETY CODE §1692A.006(a) and (c).*

I hereby refuse to make any anatomical gift. I reserve the right to amend or revoke this refusal. In accordance with Section 692A.007(d), Texas Health and Safety Code, my unrevoked refusal to make an anatomical gift shall bar all other persons from making an anatomical gift of my body or any body part.

**Embalming**

- I direct that my cadaver be prepared with appropriate embalming.
- I direct that my cadaver be prepared with no embalming or with as little embalming as possible.

**Burial or Entombment:**             *Yes*                     *No*

Name of Cemetery: \_\_\_\_\_

Name of Garden: \_\_\_\_\_

Name of Section: \_\_\_\_\_

Designation of Plot: \_\_\_\_\_

Tomb/Grave No.: \_\_\_\_\_  
[If more than one tomb/grave is owned, then list them in order of choice.]

- I declare that I own the right of sepulture to the tomb or grave site identified above. I direct that my remains be interred in the tomb or grave site. If more than one tomb or grave site is specified above, then I direct that my remains be interred in the first available tomb or grave site in the order of choice specified above.

- I direct that a marker be attached to the tomb or grave site in which I am interred and that the following inscription be placed on the marker:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Cremation**

I direct that my remains be cremated. I direct that my cremated remains:

Be interred in the niche, columbarium, and cemetery identified below.

Cemetery: \_\_\_\_\_

Columbarium: \_\_\_\_\_

Niche: \_\_\_\_\_

Be disposed of in accordance with the following instructions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I do not want my remains to be cremated.

**Additional Directions**

I hereby issue the following directions.

These directions are in addition to the foregoing directions.

These directions are in lieu of the foregoing directions.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Executed as of \_\_\_\_\_, 2013.

\_\_\_\_\_  
Declarant

STATE OF TEXAS       §  
  §  
COUNTY OF DALLAS    §

This instrument was acknowledged before me on \_\_\_\_\_, 2013, by  
\_\_\_\_\_, declarant.

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