

Designee Agreement for Carrying Out Funeral Arrangements

I. Designee Agreement

I, _____, of _____
Beneficiary **Address**

designate _____, of _____
Designee **Address**

The Designee has the authority to do all things necessary to ensure that Direct Cremation Services of Virginia
Provider

Funeral Home/Crematory *carries out the terms of my wishes upon my death.*

Beneficiary Signature **Date:** _____

I, _____ accept and understand the request of the Beneficiary to
Designee

do all things necessary to ensure that the Provider (Direct Cremation Services of Virginia) *carries out and fulfills the terms of the Beneficiary's wishes upon his/her death.* I agree and understand that my *authority ends upon the disposition of the Beneficiary's remains.* My **relationship** to the Beneficiary is _____
_____.

Designee Signature **Date:** _____

II. NOTARY

_____ and _____ having personally
Beneficiary **Designee**

appeared before me and acknowledge the foregoing on this _____ day of _____, in the year _____.

Notary: _____ **Date Commission Expires:** _____

SEAL