

Designating A Funeral Representative

Michigan law allows you to designate a person to make decisions about funeral arrangements and the final disposition of your body after your death. The person designated is known as a "funeral representative." If you choose not to designate a funeral representative, the right to make these decisions will most likely belong to your closest next-of-kin.

Who may designate a funeral representative?

You may designate a funeral representative if you are at least 18 years old and of sound mind.

How do I designate a funeral representative?

The designation must be in writing, dated, and signed by you in the presence of a notary public and two witnesses. If you are physically unable to sign, the notary may do so for you indicating that "the signature is affixed pursuant to section 33 of the Michigan notary public act."

Whom may I designate as my funeral representative?

The person you appoint must be at least 18 years and of sound mind. However, the following people may not be designated unless they are one of your relatives: (1) a person who is an officer, partner, member, shareholder, owner, representative, or employee of a funeral home or crematory that will be providing services after you die, or a cemetery where your body will be buried, entombed, or where your ashes will be inurned; and (2) a health professional or an employee or volunteer at a health facility that provides care during your final illness or immediately before death, or a partner, member, shareholder, owner, or representative of that health facility.

Whom may be a witness?

A witness should be an adult but may not be the person being designated as the funeral representative or any of the people who are prohibited from serving as a funeral representative, except that a person connected with a funeral home may serve as a witness.

Must my funeral representative follow my instructions?

In most cases, the funeral representative will follow the instructions of the person who appointed him or her. However, circumstances can change and, therefore, the law vests final responsibility for these decisions in the funeral representative.



Michigan Funeral Directors Association
FUNERAL REPRESENTATIVE DESIGNATION

(Print or type your full name)

Street Address, City, State, and Zip Code

Date of Birth

I, _____, being 18 years or older and of sound mind,
(Print or type your full name)

voluntarily make this designation. The person I choose as my funeral representative is:

Name

Telephone Number

Street Address, City, State, and Zip Code

If my first choice cannot serve or be located, the person who is my second choice or my "successor funeral representative" is:

Name

Telephone Number

Street Address, City, State, and Zip Code

The person I have designated as my funeral representative shall have the right and power to make decisions about my funeral arrangements and the handling, disposition, or disinterment of my body, including decisions about cremation. This designation shall revoke any prior funeral representative designation(s) I have made.

SIGNATURE

I sign this document voluntarily, and I understand its purpose.

Date

Your signature

Your Telephone

Your address (Street Address, City, State and Zip Code)

Subscribed and sworn to before me, a Notary Public, in
and for said County, this __ day of _____, 20 __

Notary Public, _____ County, _____

Acting in _____ County, _____

My Commission Expires: _____

Check here if, because of a physical disability, my signature has been affixed by a notary public pursuant to section 33 of the Michigan Notary Public Act.

STATEMENT REGARDING WITNESSES

I have chosen two adult witnesses who are not my designated funeral representative or (1) a person who is an officer, partner, member, shareholder, owner, representative, or employee of a crematory that will be providing services after I die, or a cemetery where my body will be buried, entombed, or where my ashes will be inurned; or (2) a health professional or an employee or volunteer at a health facility that provides care during my last illness or immediately before death, or a partner, member, shareholder, owner, or representative of that health facility.

STATEMENT AND SIGNATURE OF WITNESSES

This declaration was signed in our presence. The declarant appears to be of sound mind and under no duress, fraud, or undue influence.

_____ Dated

_____ Print Name

_____ Signature of Witness

_____ Address (Street Address, City, State and Zip Code)

_____ Dated

_____ Print Name

_____ Signature of Witness

_____ Address (Street Address, City, State and Zip Code)

ACCEPTANCE BY FUNERAL REPRESENTATIVE

I, _____, accept the designation as funeral representative for
(Name of funeral representative)

_____, who signed a funeral representative designation on
(Name)

the following date: _____

Signed:

_____ Signature of funeral representative

_____ Date

ACCEPTANCE BY SUCCESSOR FUNERAL REPRESENTATIVE

I, _____, accept the designation as successor funeral
(Name of successor funeral representative)

representative for: _____, who signed a successor funeral
(Name)

representative designation on the following date: _____

Signed: _____
Signature of successor funeral representative Date