

AUTHORIZATION FORM FOR BODY DISPOSITION

OFFICIAL

**CLARK
COUNTY
FUNERAL
SERVICES**

It's important to note that this form was essentially created for consumer's usage. Using the form will help to acquire the right to control the disposition of the dead body. The content of this form will become an instrument to authorize the right individuals to coordinate the disposition

AUTHORIZATION FORM FOR BODY DISPOSITION

I, _____ on this day of year make the following pronouncement and instructions concerning the disposition of my body after my death: I therefore pronounce that it is my desire and I hereby approve and direct that, upon my death, my remains be (check one box):

- Cremated
- Buried at a graveyard or on reserved property
- Buried at a grave
- Offered to medical science; if this disposition is not conceivable due to the fact that there is no medical or research facility to receive my body, I direct that my remains be (initial one box):

- Cremated
- Buried at a graveyard or on reserved property
- Buried at a grave
- Other form of disposition as specified:

Signature of Declarant: _____

Date: _____

Printed name of Declarant: _____

BEFORE ME, the undersigned notary public for the State of Texas, personally appeared
