

## BODY DISPOSITION AUTHORIZATION

I, \_\_\_\_\_ (print name), based on the authority of the Texas Health and Safety Code, §711.002(g), make the following declaration and directive concerning the disposition of my body after my death: I declare that it is my wish and I hereby authorize and direct that, upon my death, my remains be (**initial** one box):

- Cremated
- Interred at a cemetery or on private property \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Interred in a mausoleum
- Donated to medical science; if this disposition is not possible because no medical or research facility will accept my body, I direct that my remains be (initial one box):

- Cremated
- Interred at a cemetery or on private property
- Interred in a mausoleum
- Other disposition as specified: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Other disposition as specified: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SIGNATURE ACKNOWLEDGED BEFORE NOTARY**

I sign my name to this body disposition authorization on the \_\_\_\_\_ day of \_\_\_\_\_ (month, year) at \_\_\_\_\_ (city, state)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

State of Texas

County of \_\_\_\_\_

This instrument was acknowledged before me on \_\_\_\_\_ (date) by \_\_\_\_\_ (name of person acknowledging).

\_\_\_\_\_  
NOTARY PUBLIC, State of Texas

Notary's printed name:  
\_\_\_\_\_

My commission expires:  
\_\_\_\_\_

**MAY BE REPRODUCED FOR PRIVATE USE ONLY. NO COMMERCIAL USE IS APPROVED.**  
Based on Section 711.002 of the Texas Health and Safety Code.

**Funeral Consumers Alliance of Central Texas**  
3710 Cedar St., Box 13, Austin, TX 78705-1449 512-480-0555 <http://fcactx.org/> [office@fcactx.org](mailto:office@fcactx.org)