

Authorization Immunity Document

I _____, a legally competent adult, appear to be of sound mind and free from duress and is the subject of this immunity document (Arizona Revised Statues-A.R.S.32-1365.01) directing the Burial, cremation, or other lawful disposition of my own remains pursuant to section 36-831.

I want to have my body disposed of in the following way _____
_____.

(This document described above shall be signed and dated by the person who will now become their own authorizing agent for disposition of a dead human body.)

Date _____ Signature _____

(This document shall be notarized or witnessed in writing by at least one adult who affirms that the notary or witness was present when the legally competent adult signed and dated the document.)

Dated _____ Notary Signature _____

Dated _____ Witness Signature _____

(By conforming to this document a crematory, cemetery, or Funeral establishment who executes this document pursuant to this section and in good faith is immune from criminal and civil liability and not subject to professional discipline.)

Cremation Directive

I _____, a legally competent adult, in accordance with the legal authority granted to me in Arizona Revised Statutes 32-1365.01(A) do hereby direct the cremation of my remains. I authorize the Crematory to release, deliver, transport or ship the cremated remains as follows:

I, on behalf of myself, my estate and my heirs, hold the Crematory, its officers, agents, and employees, harmless from any claims, demands, causes of action, and lawsuits of every kind, nature and description, in law or equity, including all legal fees, costs, and expenses arising as a result of based upon or connected with this Cremation Directive or any action taken by the crematory, excepting only and willful acts or gross negligence on the part of the Crematory.

If I revoke this Cremation Directive, destroy the original of this Cremation Directive. If I have given a copy of the Cremation Directive to any Crematory, I will give written notice to the Crematory.

I, declare that I sign and execute this instrument as my Cremation Directive and that I sign it willingly, that I execute it as my free and voluntary act for the purpose of having my remains cremated. I am eighteen years of age or older, of sound mind and under no constraint or undue influence.

Date: _____ Signature _____

Witness, I, the undersigned Witness, sign my name to the foregoing Cremation Directive being first duly sworn and do declare to the undersigned authority that the signer signs and executes this instrument as his/her Cremation Directive and that he/she signs it willingly, and that I, in the presence and hearing of the signer, sign this Cremation Directive as Witness to the signing and to the best of my knowledge the signer is eighteen years of age or older, of sound mind and under no constrain or undue influence.

Witness Signature _____

Subscribed, sworn to and acknowledged before me by the above named signer, and subscribed and sworn to before me by the above named witness, on the date shown above.

Notary Signature _____