

RIGHT TO DESIGNATE CREMATION IN ADVANCE

Pursuant to Florida Statute Section 732.804, the undersigned hereby requires that cremation be used as my choice of burial procedure.

Sign Name

Print Name

THE STATE OF FLORIDA
COUNTY OF _____

This instrument was acknowledged before me on the _____ day of _____, 20____, personally appeared _____ who is known to be the person who is described in and who executed the foregoing instrument, and such person duly acknowledged the execution thereof to be such person's free and voluntary act for the uses and purposes therein mentioned. He/she is personally known to me (or produced _____ as identification).

Witness my hand and official seal this day and year first above written.

Notary Public, State of Florida

Printed Name
My Commission Expires: _____