DECLARATION OF DESIGNEE
FOR FINAL DISPOSITION

I hereby designate _____________________________________________________________
__________________________,
as my designee. My designee shall have the sole responsibility for making decisions concerning the
final disposition of my remains and the ceremonies to be performed after my death. This declaration
hereby revokes all prior declarations. This designation becomes effective upon my death.

My designee shall act in a manner that is reasonable under the circumstances.
I may revoke this declaration at any time. I agree that a third party (such as a funeral or
cremation establishment, funeral director, or cemetery) who receives a copy of this declaration may act
in reliance upon it. Revocation of this declaration is not effective as to a third party until the third party
receives notice of the revocation. My estate shall indemnify my designee and any third party for costs
incurred by them or claims arising against them as a result of their good faith reliance on this
declaration.

(Note: The Declarant may designate one or more alternates as designee but does not have to.)
If the person designated above is unable or unwilling to serve, I designate _________________
______________________________________________________________, to serve as my designee.

[Option 1: I have entered into a contract for prearranged funeral services or funeral merchandise as
defined in and accepted under Iowa Code Chapter 523A. The contract may be found at ____________
_________________________________________________________________________________.]

[Option 2: I own or have reserved a cemetery lot at _________________________________________
_________________________________________________________________________________.]

[Option 3: (You may include any special instructions concerning organ donation consistent with Iowa
Code Chapter 142C.) _________________________________________________________________
_________________________________________________________________________________ .]

[Option 4: YES__ NO__ In the event that medical professionals determine that I may be an organ
donor, I agree to the use of life-sustaining procedures, including a ventilator, for the sole purpose and
time period required to complete the organ donation. Nothing in this paragraph shall be construed to
expand or detract from the laws related to anatomical gifts as outlined in the Iowa Code, Chapter 142C.
The purpose of this paragraph is to practically and medically make organ donation possible.]

I executed this declaration as my free and voluntary act.
Signed on _________________________.

Signature of Declarant

This Declaration must be witnessed by two persons or notarized.
DECLARATION OF DESIGNEE FOR FINAL DISPOSITION

_____________________________________
Type or Print Declarant’s Name

_____________________________________
Street Address

_____________________________________
City, State and Zip

State of ___________________, County of ___________________
This record was acknowledged before me on _____________________, by _____________________.

________________________________________________________________________(the Declarant).

_________________________________  
Signature of Notary Public

By signing this form, I declare that I signed this form in the presence of the other witness and the Declarant and I witnessed the signing by the Declarant or other person acting on the Declarant’s behalf at the direction of and in the presence of the Declarant.

_________________________________  
Signature of 1st Witness

_________________________________  
Signature of 2nd Witness

_________________________________  
Type or Print Name of Witness

_________________________________  
Type or Print Name of Witness

_________________________________  
Street Address, City, State, Zip

_________________________________  
Street Address, City, State, Zip