End-of-Life Plan for _____

	nd voluntarily declare that these are my final v services or memorialization to be held in my	wishes as to the disposition of my body after name.	
This document is	not intended to be interpreted as my Last Will	and Testament.	
Appointe	e		
a. Ir	equest that	, currently of City:,	
Sta	ate:be in charge of planning and exec	cuting my last wishes.	
Final Disposition of My Body			
a. Upon my death, I wish my body to be dealt with in the following way:			
Un	attended Burial at Sea by BurialAtSea.Miam	i.	
I recognize that	it may not be possible for my appointee to ful act to follow the spirit of the	fill all of my wishes and request that se wishes as well as they can and within the limits	
of any applicabl	le law.		
<u>SIGNATURE</u>			

I, _____, currently of City: _____, State: _____ being of sound

Date

WITNESSES

SIGNED AND DECLARED by	on theday of
	_to be the declarant's End-of-Life Plan expressing their own wishes as to the
disposition of their body and any	services to be held in their name. We declare that
	is personally known to us, that they signed this End-of-Life Plan in our
presence, and that they appeared	to be of sound mind and not acting under duress, fraud, or undue influence.

Witness #1 Signature

Witness #1 Name (please print)

Witness #2 Signature

Witness #2 Name (please print)

Date

Date