

STATE OF LOUISIANA  
PARISH OF \_\_\_\_\_

**DECLARATION  
DISPOSITION OF REMAINS**

BEFORE ME, the undersigned Notary Public, duly qualified in and for the aforesaid Parish and State, personally came and appeared \_\_\_\_\_, SSN # XXX-XX-\_\_\_\_\_, a person of full age, domiciled in \_\_\_\_\_ Parish, Louisiana, whose Date of Birth is \_\_\_\_\_, does hereby grant unto Magnolia Funeral Home, full and exclusive authority to cremate my remains after my death and is hereby vested with such authority as may be necessary to carry out the wishes of appearer in regard to the disposition of my remains. This declaration is pursuant to the provisions of La. R.S. 37:876A and La. R.S. 8:655, and other pertinent provisions of Louisiana law and expressly revokes any prior declarations of interment that may have been made by the undersigned.

THUS DONE AND SIGNED before me, Notary Public, and the undersigned competent witnesses in my office in \_\_\_\_\_ Parish, Louisiana, on this \_\_\_\_\_, day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
SIGNATURE

WITNESSES:

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

SWORN TO SUBSCRIBED before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_, Louisiana.

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Notary #