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 # _____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.

_____
PRINTED NAME

_____
SIGNATURE

WITNESSES:

_____ _____
Printed Name Printed Name

_____ _____
Signature Signature

SWORN TO SUBSCRIBED before me, Notary Public, and the competent witnesses in _____, _____ Parish, Louisiana, on this _____, day of _____, 20____.

_____
Notary Public Signature

_____
Printed Name

_____
Notary #