

**MODIFICATIONS TO THE DIRECTIONS ON  
DISPOSITION OF CREMATED REMAINS**

1. **PARTIES:**

"FUNERAL HOME": \_\_\_\_\_

(Name of Funeral Home)

"AUTHORIZING AGENT": \_\_\_\_\_

(Use Reverse Side  
for Additional Names)

(Name of Authorizing Agent)

"DECEDENT": \_\_\_\_\_

(Name of Decedent)

2. **AUTHORITY OF AUTHORIZING AGENT:** The AUTHORIZING AGENT warrants and represents to FUNERAL HOME that the AUTHORIZING AGENT is the person or the appointed agent of the person who by law has the paramount right to arrange and direct the disposition of the cremated remains of the DECEDENT and that no other person(s) has a superior right over the right of the AUTHORIZING AGENT.

3. **MODIFICATION OF DISPOSITION INSTRUCTIONS:** The AUTHORIZING AGENT instructs the FUNERAL HOME to disregard any disposition instructions previously given with regard to the cremated remains of the DECEDENT and instead to undertake the following actions with respect to the cremated remains: \_\_\_\_\_

4. **INDEMNIFICATION:** The AUTHORIZING AGENT agrees to indemnify and hold harmless the FUNERAL HOME from any claims or causes of action arising or related in any respect to this modified directions regarding the disposition of the cremated remains of the DECEDENT or the FUNERAL HOME's reliance thereon.

**DATE:**

**SIGNATURE OF AUTHORIZING AGENT:**

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