

**APPOINTMENT OF AGENT TO CONTROL DISPOSITION OF REMAINS**

I, \_\_\_\_\_, being of sound mind, willfully and voluntarily make known my desire that, upon my death, the disposition of my remains shall be controlled by \_\_\_\_\_ (*name of agent first named below*) and, with respect to that subject only, I hereby appoint such person as my agent (attorney-in-fact). All decisions made by my agent with respect to the disposition of my remains shall be binding.

**SPECIAL DIRECTIONS:**

Set forth below are special directions limiting the power granted to my agent:

I do not wish to be cremated under any circumstances. I do not wish to be embalmed under any circumstances, if legally possible. I wish to be buried within seventy-two hours of my death. It is my desire that my designated agent seek out an institution, business, or persons that will prepare my remains according to Islamic tradition. It is also my desire that my designated agent make arrangements for a prayer service (Janazah) and burial also in accordance with Islamic tradition.

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**ASSUMPTION:**

THE AGENT, AND EACH SUCCESSOR AGENT, BY ACCEPTING THIS APPOINTMENT, AGREES TO AND ASSUMES THE OBLIGATIONS PROVIDED HEREIN. AN AGENT MAY SIGN AT ANY TIME, BUT AN AGENT’S AUTHORITY TO ACT IS NOT EFFECTIVE UNTIL THE AGENT SIGNS BELOW TO INDICATE THE ACCEPTANCE OF APPOINTMENT. ANY NUMBER OF AGENTS MAY SIGN, BUT ONLY THE SIGNATURE OF THE AGENT ACTING AT ANY TIME IS REQUIRED.

**AGENT:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Signature Indicating Acceptance of Appointment: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

**SUCCESSORS:**

If my agent dies, becomes legally disabled, resigns, or refuses to act, I hereby appoint the following persons (each to act alone and successively, in the order named) to serve as my

agent (attorney-in-fact) to control the disposition of my remains as authorized by this document:

1. First Successor  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Signature Indicating Acceptance of Appointment: \_\_\_\_\_  
Date of Signature: \_\_\_\_\_
  
2. Second Successor  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Signature Indicating Acceptance of Appointment: \_\_\_\_\_  
Date of Signature: \_\_\_\_\_
  
3. Third Successor  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Signature Indicating Acceptance of Appointment: \_\_\_\_\_  
Date of Signature: \_\_\_\_\_

**DURATION:**

This appointment becomes effective upon my death.

**PRIOR APPOINTMENTS REVOKED:**

I hereby revoke any prior appointment of any person to control the disposition of my remains.

**RELIANCE:**

I hereby agree that any hospital, cemetery organization, funeral director, or funeral establishment who receives a copy of this document may act under it. Any modification or revocation of this document is not effective as to any such party until that party receives actual notice of modification or revocation. No such party shall be liable because of reliance on a copy of this document.

Signature \_\_\_\_\_

Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

BEFORE ME, the undersigned, a Notary Public, on this day personally appeared \_\_\_\_\_, proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

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

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

Notary Public, State of \_\_\_\_\_

My Commission Expires:  
\_\_\_\_\_.

This form prepared courtesy of:  
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