INSTRUCTIONS FOR THE DISPOSITION OF MY BODY AND MY FUNERAL OR MEMORIAL SERVICE

I _____, of _____, Colorado, make these instructions for the disposition of my body and for my funeral or memorial service, and I revoke any prior instructions for the disposition of my body or for my funeral or memorial service.

1. **Disposition of My Body**. I direct that, after my death, my body be disposed of as provided in this section.

	Burial. I direct that my body be buried at:
(Initials)	
 (Initials)	Cremation . I direct that my body be cremated and that my cremated remains be
(IIIItials)	disposed of as follows:
(Initials)	Entombment. I direct that my body be entombed at:
(Initials)	Other. I direct that my body be disposed of as follows:

_____ As Determined by My Designee. I direct that my body be disposed of as determined in writing by my designee: _____

If he or she is unable or unwilling to act, then my body will be disposed of as determined in writing by my alternate designee:

2. **Funeral or Memorial Service**. I request that arrangements be made for my funeral or memorial service as provided in this section.

	Funeral . I request that the following arrangements be made for my funeral:
(Initials)	
	Memorial Service. I request that the following arrangements be made for my
(Initials)	memorial service:

	Arrangements to Be Made by Designee. I request that all arrangements for my						
(Initials)	funeral or memorial service be made by my designee:						
	If he or she is unable or unwilling to act, then arrangements for my funeral or						
	memorial service will be made by my alternate designee:						
(Initials)	No Service. I request that there be no funeral or memorial service.						

3. Additional Instructions. (On the following lines you may indicate any additional requests or instructions.):

Note: Those asked to carry out your instructions concerning the disposition of your body and funeral or memorial service arrangements may disregard your instructions if they are not reasonable. "Reasonable" means that your instructions are appropriate in relation to your finances, cultural or family customs, and religious or spiritual beliefs.

4. **Reliance by Third Parties**. I agree that any third party may follow my instructions as set out in this instrument, and I direct that my estate will indemnify any third party for any costs that result from the third party's good faith reliance on my instructions.

5. **Rights to Revoke or Amend**. I may revoke or amend these instructions at any time. An amendment must be in writing. I may revoke these instructions either in writing or by burning, tearing, canceling, obliterating, or destroying these instructions with the intent to revoke them. A revocation or amendment will not be effective as to a third party until the third party learns of the amendment or revocation.

Date

Signature

STATE OF COLORADO)
) ss.
COUNTY OF)

The	foregoing	instrument	was	acknowledged	before	me	this		day	of
	, 20	, by						·		

Witness my hand and official seal.

My commission expires ______.

Notary Public

[SEAL]