

# Weeks' Funeral Homes

## Certification of the Right to Control Disposition

Name of Deceased: \_\_\_\_\_

Legally Married Spouse: (circle one) Yes No; Name: \_\_\_\_\_

Registered Domestic Partner: (circle one) Yes No; Name: \_\_\_\_\_

Children (including legally adopted) (circle one) Yes No; Number of Surviving Children: \_\_\_\_\_

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

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

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

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

Parents: (circle one) Yes No; Number of Parents surviving: \_\_\_\_\_

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

Siblings: (circle one) Yes No; Number of Siblings surviving: \_\_\_\_\_

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

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

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

A person acting as a representative of the decedent under the signed authorization of the decedent.

Personal Representative (circle one) Yes No;

Name of representative: \_\_\_\_\_

I, \_\_\_\_\_ do hereby give up my right to control disposition of the remains of \_\_\_\_\_ and assign the right of disposition to \_\_\_\_\_.

**Important: Please read and check the above answers carefully. I hereby certify that the above information is true and correct to the best of my knowledge. I understand that the funeral home is relying on my answers to determine who has the right to control disposition.**

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Date of signature: \_\_\_\_\_