**Appointment of Agent to Carry Out Specified Duties**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby appoint \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to

 (List Full Name) (List Full Name)

arrange and direct those actions initialed below in the event of my death as allowed by the Code of Virginia 54.1-2825. This individual will have priority over all persons otherwise entitled to arrange and direct those actions I have initialed below following my death. This agency by appointment is limited to only those specific activities listed below.

**Initials Activities**

\_\_\_\_\_\_ Authorize the Donation of my body (if anatomically and medically suitable) to the Virginia State Anatomical Program as stated with my submission of a Declaration of Intent.

\_\_\_\_\_\_ Provide information pertaining to the physical, health, and medical condition of my body after death to the Virginia State Anatomical Program to determine the suitability of my body for acceptance.

\_\_\_\_\_\_ Arrange for the disposition of my cremated remains upon the completion of my donation to the Virginia State Anatomical Program

\_\_\_\_\_\_ Arrange for burial or disposition of my remains, including cremation upon my death in the event I have not been deemed acceptable for donation by the Virginia State Anatomical Program.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Print Name

**To be completed by designated agent:**

I agree to accept the responsibility of those actions initialed above by the individual whom has appointed me to arrange and direct them.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Print Name

Commonwealth of Virginia

City/County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 The foregoing was acknowledged and sworn to before me, the undersigned Notary Public,

by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, this \_\_\_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_

My commission expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Notary Public