**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.

**To be completed by designated agent and donor:**

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

(Designee) Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

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

Print Name

(Donor) 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\_\_\_\_

(Donor) (Designee)

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

Notary Public