

SELF- DECLARATION CREMATION AFFIDAVIT

STATE OF LOUISIANA

PARISH OF _____

Know all person by these present:

AFFIANT'S PRINTED NAME

Who, after being duly sworn, did depose and state the following:

That he/she makes this declaration of disposition of his/her remains in accordance with the provision of LA R.S. 8:655 and 37:876; that he/she is of sound mind and voluntarily makes this declaration before the undersigned witnesses after a due reading of the whole; that he/she does hereby declare that upon his/her death that his/her body is to be cremated; that he/she does hereby declare that their next of kin or other person with authority over his/her remains _____, honor this request for disposition of his/her remains by cremation; and that he/she does hereby authorize and empower the funeral director, Cypress Funeral Home or Cypress Funeral Home & Crematory authority to accept this witnessed declaration as authority for cremation of his/her remains.

AFFIANT'S SIGNATURE

NOTARY

SWORN TO AND SUBSCRIBED BEFORE ME, Notary Public, on this the

_____ day of _____, 2_____ at _____,

Parish of _____, Louisiana.

Notary Public

My Commission Expires

Name Authority: _____ Relationship: _____

Phone Number: _____