

CATHOLIC AUTHORIZATION FOR FINAL DISPOSITION INSTRUCTIONS & FORM

The *Catholic Authorization for Final Disposition* form allows an individual to declare his or her wishes regarding funeral and final disposition of their remains, and/or delegate the authority to do so to another person. It serves as a planning tool and a legally binding document that guides Catholics through some important questions regarding their faith and the final treatment of their bodily remains upon their death. Baptized non-Catholics may also use this form to indicate their desire for a Catholic funeral service, though they cannot request a funeral Mass.

The Wisconsin bishops recommend that you and your loved ones consult their pastoral letter, *Now and at the Hour of Our Death*, before completing the *Catholic Authorization for Final Disposition*, because the letter provides greater detail on the Catholic Church's teaching around advance care and end of life planning. The pastoral letter is available online at the Wisconsin Catholic Conference (WCC) website at www.wisconsincatholic.org/endoflife. Paper copies may be requested by calling 608-257-0004 or emailing office@wisconsincatholic.org.

For your *Catholic Authorization for Final Disposition* to be legally recognized, it must be signed in the presence of two witnesses or a notary public.

The State of Wisconsin offers a different Authorization for Final Disposition, which is available free of charge on the Department of Health Services website at www.dhs.wisconsin.gov/forms/advdirectives/Index.htm. To obtain the form by mail, send a written request for the form along with a self-addressed, stamped, business-size envelope to:

Division of Public Health
ATTN: POA
PO Box 2659
Madison, WI 53701-2659

An attorney can also draft an *Authorization for Final Disposition* that meets Wisconsin's legal requirements and instruct you on how to best incorporate the Catholic language into your *Authorization for Final Disposition*.

If you have any general questions, please contact the WCC office at 608-257-0004 or office@wisconsincatholic.org. Please note that the WCC cannot offer legal advice.

CATHOLIC AUTHORIZATION FOR FINAL DISPOSITION

*“I am the resurrection and the life; whoever believes in me, even if he dies, will live,
and everyone who lives and believes in me will never die.”*
Jn 11:25-26

I. INTRODUCTION

1. Purpose

When properly completed and signed in the presence of two competent adult witnesses or a notary public, this voluntary document allows a competent adult (the declarant) to designate another competent adult (the representative or a successor representative) to make funeral arrangements on behalf of the declarant. This document allows the declarant to give his or her chosen representative information about the declarant’s preferences for final disposition and funeral service. Please read and understand the following information and the form before completing the form.

2. Definitions from Wisconsin State Statutes Chapter 154, Section 154.30 (8) (f)

- “Authorization for final disposition” means a document that satisfies the conditions under sub. (8) (d) or (dm), and that is voluntarily executed by a declarant under sub. (8) but is not limited in form or substance to that provided in sub. (8).
- “Cemetery authority” has the meaning given in s. 157.061 (2).
- “Credential” has the meaning given in s. 440.01 (2) (a).
- “Crematory authority” has the meaning given in s. 440.70 (9).
- “Declarant” means an individual who executes an authorization for final disposition.
- “Estranged” means being physically and emotionally alienated for a period of time, at the time of the decedent’s death, and clearly demonstrating an absence of due affection, trust, and regard.
- “Final disposition” means disposition of a decedent’s remains, including any of the following:
 - a) Arrangements for a viewing.
 - b) A funeral ceremony, memorial service, graveside service, or other last rite.
 - c) A burial, cremation and burial, or other disposition, or donation of the decedent’s body.
- “Funeral director” has the meaning given in s. 445.01 (5).
- “Health care provider” means any individual who has a credential to provide health care.
- “Representative” means an individual specifically designated in an authorization for final disposition or, if that individual is unable or unwilling to carry out the declarant’s decisions and preferences, a successor representative designated in the authorization for final disposition to do so.
- 154.30 (8) (e) If any of the following has a direct professional relationship with or provides professional services directly to the declarant and is not related to the declarant by blood, marriage, or adoption, that person may not serve as a representative under the requirements of this subsection:
 - a) A funeral director.
 - b) A crematory authority.
 - c) A cemetery authority.
 - d) An employee of a funeral director, crematory authority, or cemetery authority.
 - e) A health care provider.
 - f) A social worker.

3. Declarant

- Properly completing this document (with all required signatures) automatically revokes any prior authorization for final disposition that the declarant may have signed.
- The declarant may revoke this authorization for final disposition at any time by executing a new authorization form; by signing and dating a statement declaring this document to be cancelled,

revoked or void; by destroying or defacing this form; or by writing on this form, "I hereby revoke this declaration of final disposition," and signing and dating that statement.

- If the declarant is physically unable to sign an authorization for final disposition, the authorization shall be signed in the declarant's name by an individual at the declarant's express direction and in his or her presence; such a proxy signing shall take place or be acknowledged by the declarant in the presence of 2 witnesses or a notary public.

4. Representative

- An individual who is authorized by this document to control the declarant's final disposition may accept the control, may decline to exercise the control, or may, after accepting the control, resign it.
- If there is a dispute about the declarant's disposition, the probate court for the county in which the decedent last resided has exclusive jurisdiction over the case.
- The representative signing this document is expected to carry out the directions, instructions, and suggestions for disposition specified in this document unless the directions, instructions, and suggestions exceed available resources from the decedent's estate or are unlawful or unless there is no realistic possibility of compliance.

II. DECLARANT

Name _____

Address _____

Date of Birth _____ Place of Birth _____

Phone Number _____ E-Mail _____

III. REPRESENTATIVE(S)

Being of sound mind, willfully and voluntarily state that, upon my death, the final disposition of my remains shall be treated according to the **Catholic faith**. I also desire that my remains be under the control of my Representative under the requirements of Section 154.30, Wisconsin statutes, and, with respect to that final disposition only, I hereby appoint the Representative and any Successor Representative named in Section 2 and 3 below. All decisions made by my Representative or any Successor Representative with respect to the final disposition of my remains are binding.

- 1) REPRESENTATIVE (*If the Representative is a group of persons, indicate the name, last known address, and telephone number of each person in the group on the addendum attached to the end of this document.*) The Representative(s) must respect my desire that my remains be treated according to the **Catholic faith**.

Name _____

Address _____

Phone Number _____ E-Mail _____

- 2) SUCCESSOR REPRESENTATIVE If my Representative dies, becomes incapacitated, resigns, refuses to act, ceases to be qualified, or cannot be located within the time necessary to control the final disposition of my remains, I hereby appoint the following individual or individuals, each to act alone or successively, in the order specified, to serve as my Successor Representative(s). The Successor

Representative(s) must respect my desire that my remains be treated according to the **Catholic faith**.

(If the Successor Representative is a group of persons, indicate the name, last known address, phone number, and email of each person in the group on the Addendum attached to the end of this document.)

Name _____

Address _____

Phone Number _____ E-Mail _____

IV. FUNERAL SERVICE

It is my desire that, upon my death, my remains be treated according to the Catholic Order for Christian Funerals, which includes:

- 1) Vigil for the Deceased
- 2) Funeral Mass or Funeral Liturgy outside Mass
- 3) Rite of Committal with Final Commendation

My Representative(s) or Successor Representative(s) shall meet with my Pastor or his delegate to plan the liturgy.

Name of Parish _____

Address _____

Phone Number _____

SUGGESTED SPECIAL DIRECTIONS REGARDING THE FUNERAL LITURGY

V. FINAL DISPOSITION

It is my desire that, upon my death, my remains must be **buried** in a sacred place (cemetery) following the Catholic Order for Christian Funerals. "Burial is considered by the Church to be the most appropriate way of manifesting reverence and respect for the body of the deceased because it 'honors the children of God, who are temples of the Holy Spirit' and clearly expresses our faith and hope in the resurrection of the body" (USCCB, "On the Proper Disposition of Bodily Remains," 3).

It is my desire that, upon my death, my remains must be cremated and kept in a cemetery or a place designated as sacred by the ecclesiastical authority and following the Catholic Rite for Christian Funerals. Though "burial is considered by the Church to be the most appropriate way" for final disposition of human remains, Catholics are permitted cremation in response to some circumstances.

At this point, I have contracted the services of the following cemetery:

Cemetery _____

Address _____

Phone Number _____ E-Mail _____

VI. SUGGESTED SOURCES OF FUNDS FOR IMPLEMENTING FUNERAL SERVICE AND FINAL DISPOSITION DIRECTIONS AND INSTRUCTIONS

VII. DURATION The appointment of my Representative(s) and, if applicable, Successor Representative(s), becomes effective upon my death.

VIII. PRIOR APPOINTMENTS REVOKED I hereby revoke any prior authorization for final disposition that may have been signed prior to the date upon which this document was signed.

IX. AUTHORIZATION TO ACT I hereby agree that any funeral director, cremation authority, or cemetery authority that receives a copy of this document may act under it. Any modification or revocation of this document is not effective as to any funeral director, cremation authority, or cemetery authority until that funeral director, cremation authority, or cemetery authority receives actual notice of the modification or revocation. No funeral director, cremation authority, or cemetery authority shall be liable because of their reliance on a copy of this document.

Date _____

Signature of Declarant _____

X. ACKNOWLEDGEMENT OF ASSUMPTION OF POWERS AND DUTIES The Representative(s), and any Successor Representative(s), by accepting appointment under this document, assume the powers and duties specified for a representative under Section 154.30, Wisconsin statutes.

XI. ACCEPTANCE I hereby accept appointment as Representative or Successor Representative for control of final disposition of the Declarant’s remains.

Date _____

Signature of Representative

If Representative is a group of persons, each person in the group shall sign on the Addendum attached to the end of this document.

Date _____

Signature of Successor Representative

If Successor Representative is a group of persons, each person in the group shall sign on the Addendum attached to the end of this document.

XII. WITNESSES I attest that the Declarant signed or acknowledged this Catholic Authorization for Final Disposition in my presence and that the Declarant appears to be of sound mind and not subject to duress, fraud, or undue influence. I further attest that I am not the Representative or Successor Representative appointed under this document, that I am at least eighteen years of age, and I am not related to the Declarant by blood, marriage, or adoption.

First witness

Signature _____ Date _____

Name (printed) _____

Address _____

Second witness

Signature _____ Date _____

Name (printed) _____

Address _____

OR

NOTARY ACKNOWLEDGEMENT: In lieu of two witnesses signing this form, the Declarant may sign it in the presence of a notary public.

State of Wisconsin)
) SS
County of _____)

On _____, 20____, before me, personally appeared _____, known to me or satisfactorily proven to be the individual whose name is specified on this document as the Declarant, and who has acknowledged that he or she executed this document for the purposes expressed in it. I attest that the Declarant appears to be of sound mind and not subject to duress, fraud, or undue influence.

Name of notary public

Signature of notary public

My commission expires _____

SEAL

**ADDENDUM TO APPOINTMENT OF REPRESENTATIVE
LIST OF ADDITIONAL REPRESENTATIVES (all have equal authority)**

1) Name _____
Address _____

Phone Number _____
Signature _____

2) Name _____
Address _____

Phone Number _____
Signature _____

3) Name _____
Address _____

Phone Number _____
Signature _____

4) Name _____
Address _____

Phone Number _____
Signature _____

LIST OF ADDITIONAL SUCCESSOR REPRESENTATIVES (check 1 box below)

All Successor Representatives have equal authority; OR

The Successor Representatives shall have authority in the priority numbered below:

1) Name _____
Address _____

Phone Number _____
Signature _____

2) Name _____
Address _____

Phone Number _____
Signature _____

3) Name _____
Address _____

Phone Number _____
Signature _____

4) Name _____
Address _____

Phone Number _____
Signature _____