

# **Burial Proxy**

**Legal Contract<sup>1</sup>**

**for obtaining a Requiem Mass**

**and**

**Catholic Burial**

<sup>1</sup> Under the Laws of the State of New York. Please check your state laws before executing.

**Instructions:**

1. Fill in your name and the name of the person you wish to appoint as your agent (proxy). Make sure it is someone who will accept the position and will make sure your requests are followed. He or she will have to sign this document and accept the appointment.
  
2. In the "Special Instructions" state that you are to be buried from the Chapel of your choice with a Latin Requiem Mass and that you are to be buried with the Traditional Latin rite of burial.
  
3. Assign two more successors (alternates) to be your agent (proxy) should the first agent be unable to do so.
  
4. In the presence of two witnesses, place your initials on each page in the lower left corner in the place provided, then sign the document on the second page. The witnesses cannot be the one whom you have assigned as your agent nor your alternates (successors). Make sure they watch you sign the document so that they may attest to this fact.
  
5. After you have signed and the witnesses have watched you sign, have them sign in the appropriate space on page three.
  
6. After the witnesses have signed, have your agent (proxy) sign and date his or her acceptance of the appointment.
  
7. Keep the original copy and put it with your important papers such as your Health Care Proxy. Give copies of all three pages to:
  - 1) The Agent of this document
  - 2) The two Alternates assigned in this document
  - 3) Both witnesses of this document
  - 4) The Lawyer who set up your Last Will and Testament
  - 5) The Executor (rix) of you Last Will and Testament.
  - 6) The office of your Chapel.

**Valid under the Laws of the State of New York. Please check the laws of your state before completing.**

# Appointment of Agent to Control Disposition of Remains

I, \_\_\_\_\_ residing at  
(Your Name)

\_\_\_\_\_  
(Address)

being of sound mind, willfully and voluntarily make known my desire that, upon my death, the disposition of my remains shall be controlled by

\_\_\_\_\_.  
(Name of the Agent)

With regard to that subject only, I hereby appoint such person as my agent with respect to the disposition of my remains.

## SPECIAL INSTRUCTIONS:

Set forth below are any special directions limiting the power granted to my agent as well as any instructions or wishes desired to be followed in the disposition of my remains:

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

Indicate below if you have entered into a pre-funded **pre-need** agreement subject to section four hundred fifty-three of the general business law for funeral merchandise or service in advance of need.

No, I have not entered into a pre-funded pre-need agreement subject to section four hundred fifty-three of the general business law.

Yes, I have entered into a pre-funded pre-need agreement subject to section four hundred fifty-three of the general business law.

\_\_\_\_\_  
(Name of funeral firm with which you entered into a pre-funded pre-need agreement to provide merchandise and/or services)

**AGENT:**

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

\_\_\_\_\_  
Address:

\_\_\_\_\_  
Telephone Number:

**SUCCESSORS:**

If my agent dies, resigns, or is unable to act, I hereby appoint the following persons (each to act alone and successively, in the order named) to serve as my agent to control the disposition of my remains as authorized by this document.

1. First Successor:

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

\_\_\_\_\_  
Address:

\_\_\_\_\_  
Telephone Number:

2. Second Successor:

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

\_\_\_\_\_  
Address:

\_\_\_\_\_  
Telephone Number:

**DURATION:**

This appointment becomes effective upon my death.

**PRIOR APPOINTMENT REVOKED:**

I hereby revoke any prior appointment of any person to control the disposition of my remains. Signed

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(Signature of person making the appointment)

Statement by witness (must be 18 or older)

I declare that the person who executed this document is personally known to me and appears to be of sound mind and acting of his or her free will. He or she signed (or asked another to sign for him or her) this document in my presence.

Witness 1: \_\_\_\_\_  
(Signature)

Address: \_\_\_\_\_

Witness 2: \_\_\_\_\_  
(Signature)

Address: \_\_\_\_\_

**ACCEPTANCE AND ASSUMPTION BY AGENT:**

1. I have no reason to believe there has been a revocation of this appointment to control disposition of remains.

2. I hereby accept this appointment.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_

(Signature of Agent)