

**METROPOLITAN DIRECT CREMATION SERVICE FD# 2047**

**3002 Midvale Avenue, Suite 207  
Los Angeles, California 90034  
Phone: 310-475-7300 Fax: 310-475-4455  
www.metropolitancremation.com**

**DESIGNATION OF AGENT TO COMPLETE ARRANGEMENTS**

**Complete this form only if you wish to appoint someone else to make arrangements.**

I, \_\_\_\_\_ (*Print Full Name*) am the  
\_\_\_\_\_  
(*specify relationship*) of the following  
decedent:

\_\_\_\_\_ Full name of deceased

I hereby designate \_\_\_\_\_  
*Print Full Name of Designee*

as my agent to make all cremation/funeral/cemetery arrangements, including disposition of cremated remains, on my behalf with full authority as if I were making those arrangements myself.

I further waive my rights, as immediate next-of-kin of the above-named decedent, with regards to all cremation/funeral/cemetery arrangements, including disposition of cremated remains.

I understand that this waiver is irrevocable.

I also understand that by giving this waiver, I am not responsible for expenses my agent incurs in making cremation/funeral/cemetery arrangements, including disposition of cremated remains

Witness my signature as legal authorization, this \_\_\_ day of \_\_\_\_\_, 20\_\_\_

X \_\_\_\_\_

Witnessed by: \_\_\_\_\_

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

Accepted by: \_\_\_\_\_