



DECLARATION REGARDING FINAL ARRANGEMENTS OF:

I, _____ request
(Name)

1. **TREATMENT OF BODY.** It is my wish that my body be cremated. Initials: _____

2. **DISPOSITION OF REMAINS.** It is my wish that my cremated remains become part of a Veterans Memorial Reef as a living legacy to my family and environment. Initials: _____

3. I have selected the Memorial Marker and will provide or have provided the information for inscribing the plaque. Initials: _____

4. I have given careful thought and consideration to these instructions. I understand that my declaration is legally binding, and that this decision will be followed upon by my family and/or other appropriate person(s) at the time of my death. This is my final wish and will be honored, to the fullest extent possible. Initials: _____

5. I have discussed these instructions with my family and/or all appropriate persons. Initials: _____

_____ (Signature) _____ (Date)

Please keep this form with your important papers and make your family aware of your wishes.

Notary: _____

Date: _____