

FAMILY MEMBER AUTHORIZATION

As a member of the immediate family of (name of person), I hereby authorize (name and address of person authorized to make arrangements) to act on my behalf in making all necessary arrangements for the final disposition (i.e. burial, donation or cremation) of said (name of person). I certify that neither I nor any other member of the immediate family of (name of person) is willing to assume this responsibility.

(Date of authorization)_____

(Signature of authorizer)_____

(Date) State of Maine

County of _____

The foregoing instrument was acknowledged before me this date by (signature of authorizer).

(Signature of Notary)_____