



**ALABAMA BOARD OF FUNERAL SERVICE**  
**AUTHORIZING AGENT AFFIDAVIT**

\*\*\*AFFIDAVIT MUST BE EXECUTED BEFORE A NOTARY PUBLIC.

State of Alabama

County of \_\_\_\_\_

I, \_\_\_\_\_ designate \_\_\_\_\_ to control the disposition of my remains upon my death. I \_\_\_\_\_ HAVE \_\_\_\_\_ HAVE NOT attached specific directions concerning the disposition of my remains.

If specific directions are attached, the designee shall substantially comply with those directions, provided the directions are lawful and there are sufficient resources in my estate to carry out those directions.

\_\_\_\_\_  
SIGNATURE

SUBSCRIBED TO AND SWORN BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_.

SEAL

\_\_\_\_\_  
NOTARY

My Commission Expires: \_\_\_\_\_

Pursuant to Section 34-13-11(2b) of the Code of Alabama, 1975, any person at least 18 years of age and of sound mind, may authorize another person to control the disposition of his or her remains pursuant to this affidavit.