

# Designated Agency, Organ/Tissue Donation and Burial Instructions

This document is intended for Pennsylvania residents and is **not** intended as a substitute for a Will.  
This statement is a legal document and should be discussed with a legal professional.  
Keep a copy for your records and give copies to the relevant parties and update when applicable.

## \*Designated Agency

I, \_\_\_\_\_, free of will and with full capacity, hereby appoint \_\_\_\_\_, to determine the final disposition of my body after my death. This is an expression of my contrary intent pursuant to 20 Pa. C.S. § 305. This appointment revokes any prior arrangements or expressions of contrary intent I may have made.

Print Name \_\_\_\_\_ Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

## \*Organ and Tissue Donation

I, \_\_\_\_\_, refuse to make any anatomical gift of my body or any part.

Print Name \_\_\_\_\_ Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

## \*Burial Instructions

1. I would prefer to use the following funeral home to care for my deceased body:
2. I would prefer the following people to wash and shroud my deceased body (along with the Muslim Funeral Home staff, if applicable):
3. I **DO** or **DO NOT** prefer a public viewing (please circle your choice).
4. I **DO** or **DO NOT** prefer an obituary/program (please circle your choice).
5. I would prefer that my Funeral (*Janazah*) prayer be prayed at the following location, if possible:
6. I would prefer that the following person lead the Funeral (*Janazah*) prayer:
7. I would prefer to be buried at the following location:
8. Additional instructions and/or statements:

\*All of the aforementioned statements and instructions I made free of will and with full capacity.

Print Name: \_\_\_\_\_ Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

Witness: \_\_\_\_\_ Witness: \_\_\_\_\_

Notary Public: