

CREMATION AND FUNERAL ALTERNATIVES

Stephen D. Lohrmann P.A.

8717 Green Pastures Drive Baltimore, MD 21286-2100

ADVANCE DIRECTIVE AND AUTHORIZATION FOR DISPOSITION

I, the undersigned, being at least eighteen (18) years of age, do hereby authorize and request Cremation and Funeral Alternatives Stephen D. Lohrmann P.A. ("CAFA"), or its assigns, upon my death, to take custody of and arrange the disposition of the human remains of myself,

(print your full name)

and further, I hereby authorize and request that the disposition of my body be the choice initialed by me below **(initial one)**:

_____ **cremation,**

_____ **burial,**

_____ **other (specify):** _____,

and further, I hereby agree to indemnify and hold CAFA, its officers, agents, and employees harmless from all claims, suits, or causes of action, including reasonable attorney's fees for the defense thereof, brought by any person, firm or corporation, or the personal representative thereof, arising out of this request for disposition.

(Your Signature)

(Date)

(Your Address)

(Your Driver's License Number, for identification)

(NOTE: If you are completing this form for someone who has given you power of attorney, sign the incapacitated person's name and your own, e.g.: "John Doe by Mary Doe, attorney in fact." Please supply CAFA with a copy of the power of attorney.)

WITNESS:

I hereby certify that the individual identified above signed this Advance Directive and Authorization for Disposition in my presence and that I have affixed my signature as a witness to this document in the presence of said individual.

(Witness's Signature)

(Date)