

**ARIZONA**

**POWER OF ATTORNEY FOR DISPOSITION OF MY BODY AFTER DEATH**

*Authorized by Arizona Statute 36-3221  
form created 2013*

I, \_\_\_\_\_, being 18 years of age or older and of sound mind, direct that \_\_\_\_\_ shall have the sole legal right to direct the disposition of my body after death. This power shall include all legal forms of disposition, including but not limited to burial, cremation, anatomical donation, and autopsy. This power of attorney supersedes any other claim by any other person, related to me or not, to direct the disposition of my body.

I \_\_\_ have attached directions or guidelines for the disposition of my body which I direct my power of attorney to carry out

I \_\_\_ have **NOT** attached directions. I leave these decisions to my power of attorney.

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(date)

**WITNESSES**

As Arizona law requires, the witnesses below are **not**:

- a person designated to make medical or body disposition decisions for me
- a person directly involved in providing me healthcare at the time this power of attorney is witnessed

If only one witness signs this power of attorney, that person is **not**:

- related to me by blood, marriage or adoption. This person is not entitled to any part of my estate by will or by operation of law at the time that the power of attorney is executed.

\_\_\_\_\_  
(signature of witness one)

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(signature of witness two)

\_\_\_\_\_  
(date)