

Appointment for Disposition of Remains (Islamic)

I, \_\_\_\_\_ (your name and address) being of sound mind, willfully and voluntarily make known my desire that, upon my death, the disposition of my remains shall be controlled by \_\_\_\_\_ (name of agent) in accordance with Section 711.002 of the Health and Safety Code, and with respect to that subject only, I hereby appoint such person as my agent (attorney-in-fact).

All decisions made by my agent with respect to the disposition of my remains, including cremation, shall be binding.

SPECIAL DIRECTIONS:

Set forth below are any special directions limiting the power granted to my agent:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**The following instructions for Islamic funeral and burial rights are precatory. I understand that strict compliance may not be possible. However, where practical, I ask that my agent honor them.**

**I ordain that no autopsy or embalming be done on my body unless required by law and that without unjustified delay my body be washed, wrapped with cloth free of any ornaments and other articles, prayed for, then buried, which should all be done by Muslims in complete accordance with Islamic tenets.**

**In the event of legal difficulties in the execution of this Section, I direct my agent to seek counsel from the Islamic Society of North America, currently located in Plainfield, Indiana, USA Tel: (317) 839- 8157.**

**I ordain that absolutely no non-Islamic religious service or observance shall be conducted upon my death or on my body.**

**I ordain that no pictures, crescents or stars, decorations, crosses, flags, or any symbols, whether Islamic or otherwise, or music shall be involved at any stage of the process of conducting my burial or ever be placed at the site of my grave.**

**I ordain that my body shall not be transported over any unreasonable distance from the locality of my death, particularly when such transportation would necessitate embalming, unless when long distance transportation is required to reach the nearest Muslim cemetery or any other cemetery selected by my Muslim family.**

**I ordain that my grave shall be dug deep into the ground in complete accordance with the specifications of Islamic practice and that it face the direction of Qiblah (the direction of the city of Mecca in the Arabian Peninsula, towards which Muslims face for prayer).**

**I ordain that my body shall be buried without a casket or any encasement that separates the wrapped body from the surrounding soil. In the event that local laws require casket encasement, I ordain that such encasement be of the simplest, most modest, and least expensive type possible. I further ordain that the encasement be left open during burial and filled with dirt, unless prohibited by law.**

**I ordain that my grave shall be level with the ground or slightly mounded, with no construction or permanent structure of any kind over it. The marking, if necessary, should be a simple rock or marker, merely to indicate the presence of the grave. There should be no inscriptions or symbols on the said marking.**

**AGENT:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

**SUCCESSORS:**

If my agent or a successor agent dies, becomes legally disabled, resigns, or refuses to act, or if I divorce my agent or successor agent and this instrument does not state that the divorced agent or successor agent continues to serve after my divorce from that agent or successor agent, I hereby appoint the following persons (each to act alone and successively, in the order named) to serve as my agent (attorney-in-fact) to control the disposition of my remains as authorized by this document:

**1. First Successor**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

**2. Second Successor**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

**In the event each named agent and successor is unwilling or unable, I hereby appoint the president of the local Muslim community or association in the area in which I die to serve as my agent (attorney-in-fact) to control the disposition of my remains as authorized by this document.**

DURATION:

This appointment becomes effective upon my death.

PRIOR APPOINTMENTS REVOKED:

I hereby revoke any prior appointment of any person to control the disposition of my remains.

RELIANCE:

I hereby agree that any cemetery organization, business operating a crematory or columbarium or both, funeral director or embalmer, or funeral establishment who receives a copy of this document may act under it. Any modification or revocation of this document is not effective as to any such party until that party receives actual notice of the modification or revocation. No such party shall be liable because of reliance on a copy of this document.

ASSUMPTION:

THE AGENT, AND EACH SUCCESSOR AGENT, BY ACCEPTING THIS APPOINTMENT, ASSUMES THE OBLIGATIONS PROVIDED IN, AND IS BOUND BY THE PROVISIONS OF, SECTION 711.002 OF THE HEALTH AND SAFETY CODE.

SIGNATURES:

This written instrument and my appointments of an agent and any successor agent in this instrument are valid without the signature of my agent and my successor agents below. Each agent, or a successor agent, acting pursuant to this appointment must indicate acceptance of the appointment by signing below before acting as my agent.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

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

State of \_\_\_\_\_

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

This document was acknowledged before me on \_\_\_\_\_ (date) by \_\_\_\_\_ (name of principal).

\_\_\_\_\_ (signature of notarial officer)

(Seal, if any, of notary)

\_\_\_\_\_ (printed name)

My commission expires: \_\_\_\_\_

ACCEPTANCE AND ASSUMPTION BY AGENT:

I have no knowledge of or any reason to believe this Appointment for Disposition of Remains has been revoked. I hereby accept the appointment made in this instrument with the understanding that I will be individually liable for the reasonable cost of the decedent's interment, for which I may seek reimbursement from the decedent's estate.

Acceptance of Appointment:

\_\_\_\_\_ (signature of agent)

Date of Signature: \_\_\_\_\_

Acceptance of Appointment:

\_\_\_\_\_ (signature of first successor)

Date of Signature: \_\_\_\_\_

Acceptance of Appointment:

\_\_\_\_\_ (signature of second successor)

Date of Signature: \_\_\_\_\_