

**Optional Statement of Contrary Intent to Designate Life Partner to Determine the Final Disposition of Remains**

*By completing the statement below, the signer designates their Life Partner as the person authorized to determine the final disposition of their remains. This statement is a legal document that should be discussed with an attorney before signing. It should not be returned to the Register of Wills and should be kept in a safe place with other important legal documents.*

I, \_\_\_\_\_, hereby appoint \_\_\_\_\_ to determine the final disposition of my remains. This appointment is a sincere expression of my desires with respect to the disposition of my body after my death and is intended as 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.

**Signed:** \_\_\_\_\_ **Dated:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

*Please ask two persons to witness your signature who are not related to you.*

**Witness:** \_\_\_\_\_ **Dated:** \_\_\_\_\_

**Witness:** \_\_\_\_\_ **Dated:** \_\_\_\_\_

On this \_\_\_\_ day of \_\_\_\_\_, in the year of \_\_\_\_\_, personally appeared before me the person signing, known by me to be the person who completed this document and acknowledged it as their free act and deed. IN WITNESS WHEREOF, I have set my hand and affixed my official seal in the County of \_\_\_\_\_, State of \_\_\_\_\_, on the date written above.

**Notary Public:** \_\_\_\_\_

**Commission Expires:** \_\_\_\_\_