ADVANCE DIRECTIVE FOR FUNERAL BY JEWISH RITUAL
This agreement is entered into between (hereinafter "AUTHORIZING PERSON") and CHABAD OF WILMETTE (hereinafter "CHABAD") for the purpose of providing for the AUTHORIZING PERSON a Jewish funeral consistent with strict Jewish ritual upon his/her death because AUTHORIZING PERSON has no family members who will be responsible for funeral arrangements.
Therefore, in consideration of the mutual obligations and promises set forth below the AUTHORIZING PERSON and CHABAD agree as follows:
 In order to provide emotional comfort to the AUTHORIZING PERSON who otherwise cannot be assured of a Jewish funeral service and burial upon his/her death, the AUTHORIZING PERSON agrees to make CHABAD its agent, solely for the purpose of taking authority over the AUTHORIZING PERSON's remains and to instruct all parties involved in any funeral arrangements, funeral service, preparation or burial. In order to provide emotional comfort to the AUTHORIZING PERSON who otherwise cannot be assured of a Jewish funeral service and burial upon his/her death, CHABAD agrees to serve as the agent of the AUTHORIZING PERSON, solely for the purpose of taking authority over the AUTHORIZING PERSON's remain and to instruct all parties involved in any funeral arrangements, funeral services, preparation or burial.
CHABAD will not bill or require any fee or compensation for this service as the agent of the AUTHORIZING PERSON.
Authorizing person printed name:
Chabad Representative printed name: Chabad Representative address: Chabad Representative signature: Today's date:

Witness II signature: _____ Today's date: State of Illinois, County of _____ Signed (or subscribed or attested) before me on _____ (date) by _____(name of person). _____ Signature of Notary Public Prepared by: FRAIDA-CAMERON CHABAD CENTER for JEWISH LIFE and LEARNING - WILMETTE

Witness I signature: ______ Today's date: _____

Witness I printed name:

Witness II printed name: