

DISPOSITION AUTHORIZATION Page 1 of 1

Washington State

I, _____ hereby declare that it is my desire, based upon the authority of the **Revised Code of Washington 68.50.160**, to direct and authorize that upon my death my remains be: *(initial either cremated or buried)*

CREMATED or **BURIED**

If my desire is to be Cremated, I may further direct that the Funeral Home or Crematory release my cremated remains in the following manner: *(initial and complete only ONE of the following four choices)*

- 1) **Release** my cremated remains to the following person or persons:
Name: _____ Relationship: _____
Address: _____
or
Name: _____ Relationship: _____
Address: _____

- 2) **Deliver** for Inurnment: **In a Niche** or **In the Ground**
(initial choice)
To Place of Inurnment: _____
City/County & State: _____

- 3) **Ship** to: _____

- 4) **Scatter** where? _____

If my desire is to be Buried, I may further direct that my body be Buried at the following: *(initial choice)*

Cemetery or **Mausoleum**

Name of Place of Interment: _____

City/County & State: _____

Special Instructions to my survivors regarding disposition of my remains: _____

I direct that all of my family and survivors shall honor this authorization. I direct that no funeral home, cemetery, cremation authority, or memorial society shall be liable for arranging or for undertaking the disposition of my remains, if done in reliance on this authorization.

Declarant's Signature: _____ Date: _____

Printed Name of Declarant: _____ Date of Birth: _____

UNDER WASHINGTON LAW, TO BE VALID, THIS FORM MUST BE SIGNED IN THE PRESENCE OF A WITNESS:

Witness Signature: _____ Date: _____

Printed Name of Witness: _____

Address of Witness: _____

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Name: _____ PMA Number: _____
(Please Print)

Ceremony:

I **do** **do not** want a service.

If a service is held, I prefer: Memorial (body not present)
 Funeral (body present)

I **do** **do not** wish to have a viewing of my body

If a service is held, I would like it held at: Church Mortuary chapel Other:

Notices:

I **do** **do not** want newspaper notices published.

Memorial Gifts:

I **do** **do not** prefer memorial gifts in lieu of flowers.

If memorials requested, I ask that donations be sent to the following organization(s):

Organ And Tissue Donation:

I **do** **do not** wish to donate my eyes at the time of my death to the eye bank.
If yes, contact Sightlife at (206) 682-8500 or www.sightlife.org

I **do** **do not** wish to donate such other organs, bone or tissue, at the time of death as may be considered medically useful. This also authorizes donation of pacemaker, if applicable.
If yes, contact Donate Life Today at 1-877-275-5269 or www.donatelifetoday.com

I **do** **do not** wish to donate my full body to the University of Washington, Washington State University or other university willed body program for teaching or research purposes. *If yes, contact:*
UW Willed Body program at (206) 543-1860 or wbp.biostr.washington.edu
WSU Body Donation program at (509) 335-2602 or www.wsu.edu/~wwami/body_donor

Other Requests/Suggestions for Remembrance:

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VITAL STATISTICS: This information is required for Death Certificate *Please Print legibly*

Full

Legal Name: _____
First Middle Last Suffix (Jr, III etc)

Other Names

Used/AKA's: _____

Personal Information:

Date of Birth: _____
Month Day Year

Birthplace: _____
city or county state or foreign country

Social Security Number: _____ - _____ - _____

Education completed: _____

Sex: *Male Female* Race(s): _____

Hispanic? *Yes or No* If Yes, specify: _____

Ever Served in the US Armed Forces? *Yes or No*

Residence:

Street Address including Apt .No.

City State (Zip + 4) County Country

Resided at this address since: _____

Residence Inside City Limits: *Yes or No or Unknown*

Tribal Reservation Name: _____

Marital Status: ___Never Married ___Married ___Widowed ___Divorced ___Domestic Partner

Name of Spouse or Domestic Partner (*before first marriage*):

Occupation:

(a) Kind of work done during most of working life: _____
(if retired, give former occupation)

(b) Kind of business or industry: _____
(do not use company name)

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VITAL STATISTICS: This information is required for Death Certificate *Please Print legibly*

Father's Name: _____
First Middle Last Suffix (Jr, III etc)

Mother's Name: _____
(before first marriage) First Middle Last

Doctor's Name: _____ **Phone:** _____

Doctor's Address: _____

CONTACTS: For Funeral Home

Next of Kin: _____ **Relationship:** _____

Address: _____ **Home Phone:** _____

_____ **Cell Phone:** _____

Next of Kin: _____ **Relationship:** _____

Address: _____ **Home Phone:** _____

_____ **Cell Phone:** _____

Signature: _____ **Date:** _____

Witness Signature: _____ **Date:** _____

Printed Name: _____ **Phone:** _____

Address: _____

KEEP WITH YOUR IMPORTANT PAPERS

DISCUSS WITH YOUR NEXT OF KIN

HAVE THEM PRESENT THIS FORM TO FUNERAL HOME AT TIME OF DEATH