

Disposition Authorization

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: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

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: _____
(Only the Declarant may sign, no POA or Spouse)

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: _____ Phone: _____

Address of Witness: _____

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: _____ **PMA Member #** _____

Personal Information:

Date of Birth: _____ Birthplace: _____
Month Day Year city or county state or foreign country

Social Security Number: _____ - _____ - _____

Education completed (highest degree earned): _____

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

Hispanic? *Yes or No* If Yes, _____

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: *es 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, i.e. maiden name, name at birth*):

Occupation:

(a) Kind of work done during most of working life: _____
(Do Not use "retired", give former occupation)

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

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

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

Contacts:

For Funeral Home *Please Print legibly*

Next of Kin: _____ Relationship: _____

Email Address: _____ Primary Phone: _____

Next of Kin: _____ Relationship: _____

Email Address: _____ Primary Phone: _____

Next of Kin: _____ Relationship: _____

Email Address: _____ Primary Phone: _____

MAKE A COPY FOR YOUR NEXT OF KIN

KEEP WITH YOUR IMPORTANT PAPERS

HAVE NEXT OF KIN PRESENT THIS FORM TO FUNERAL HOME AT TIME OF DEATH

When a Death Occurs

- Family chooses the **PEOPLE'S MEMORIAL Contracted** funeral home they wish to use. Go to peoplesmemorial.org for links to funeral home websites.
- Dial **1-888-PMA-2PMA** (1-888-762-2762) or call the funeral home directly to notify them of the death.
- The body will then be taken into the care of the funeral home. There is no rush. If you wish more time with the body before the funeral home arrives, simply let the funeral home know if you want them to arrive at a later time.
- Next-of-kin makes an appointment with the funeral home to make arrangements. Let them know that the deceased is a member of People's Memorial.
- Bring to the funeral home this completed form and/or **Designated Agent** forms, if appropriate.
- If you wish to access veteran's benefits, bring along a copy of the military discharge papers.
- PMA Membership is not a prepaid funeral plan, please make payment to the funeral home at time of arrangements.
- No cremation or burial may take place until the death certificate is signed by the physician and filed with the Department of Health. In King County there must also be a review of cause of death by the Medical Examiner prior to disposition.
- For those choosing cremation, arrange to pick up the urn of ashes from the funeral home once the process is completed—typically in 5 to 10 business days.

Other Wishes

Ceremony:

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

If a service is held, I prefer: ___ Memorial (body not present)
___ Funeral (body present)
___ Family's Choice

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: _____

Up to my family to decide

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):

Up to my family to decide

Organ, Tissue and Full Body Donation: (arrangements may need to be registered in advance)

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, you must register with your desired program, please 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:
