

KEEP WITH YOUR OTHER IMPORTANT PAPERS

Return completed documents to People’s Memorial ONLY if you paid for digital storage

Washington State

Disposition Authorization Form



People’s Memorial Association
Funeral Advocacy & Education since 1939

I, \_\_\_\_\_, with PMA membership # \_\_\_\_\_, 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 the form of disposition for my remains be: Choose ONE and initial

\_\_\_ Burial \_\_\_ Alkaline Hydrolysis \_\_\_ Anatomical Donation
\_\_\_ Cremation \_\_\_ Natural Organic Reduction If donation is unavailable, I desire \_\_\_\_\_

Choose one of the following:

Form with two columns: 'I may further direct my remains be handled in the following manner:' and 'I may further direct that my body be buried at the following:'. Includes checkboxes for Release, Deliver or mail, Scatter, Cemetery, and Mausoleum, along with fields for Name, Relationship, Address, and Phone.

I direct that all my family and survivors shall honor this authorization. I direct that no funeral home, cemetery, reduction facility, 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, not the 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*

Personal Information			
Full Legal Name	First	Middle	Last
Other Name	First	Middle	Last
Date of Birth	City	County	State or Country
Marital Status	<input type="checkbox"/> Never Married <input type="checkbox"/> Married		<input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Registered Domestic Partner
If Married, name of spouse or partner	First	Middle	Last
Father's Name	First	Middle	Last
Mother's Maiden Name	First	Middle	Last
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other / X	<input type="checkbox"/> Veteran or served in the US Armed Forces	Social Security Number:	PMA Member #
Race(s): List all that apply _____ _____ _____	Hispanic Ethnicity: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Mexican, Mexican American, Chicano <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other: _____		

Residence		
Street Address including Apt #:		
City	State	Zip
Resided at this address since:	Year	Residence Inside City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Tribal Reservation Name:		

Education & Occupation	
<b>Education completed:</b> (highest degree earned)	<input type="checkbox"/> 8th Grade or Less <input type="checkbox"/> 9 th-12th grade: no diploma <input type="checkbox"/> High School Graduate <input type="checkbox"/> GED <input type="checkbox"/> Some college credit, no degree
	<input type="checkbox"/> Associate degree <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Master's degree <input type="checkbox"/> Doctorate <input type="checkbox"/> Unknown
<b>Primary occupation:</b> Do not use "retired", give former occupation(s) i.e. "Teacher"	
<b>Business or industry:</b> Do not use company name i.e. "Education"	

## 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

Up to my family to decide

Other: \_\_\_\_\_

### Notices:

I  do /  do not want newspaper notices published.

### Memorial Gifts:

I  do /  do not prefer memorial gifts or donations 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 you wish to donate, contact Sightlife at (206) 682-8500 or [labels.sightlife.org](http://labels.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 you wish to donate, contact [LifeCenter NW](http://LifeCenterNW.org) at 1-877-275-5269 or [www.donatelifetoday.com](http://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 you wish to donate, you must register with your desired program, please contact:

UW Willed Body program at (206) 543-1860 or [wbp.biostr.washington.edu](http://wbp.biostr.washington.edu)

WSU Body Donation program at (509) 335-2602 or [medicine.wsu.edu/give/willed-body-program/](http://medicine.wsu.edu/give/willed-body-program/)

### Other Requests/Suggestions for Remembrance:

---

---

---

## Contacts

This information will be needed by the 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

1. Choose the People's Memorial Contracted Funeral Home you wish to use. This may be done before death occurs but does not have to be.
  - a. Go to [peoplesmemorial.org/providers](http://peoplesmemorial.org/providers) for the current list of partnering funeral homes.
  - b. Call **1-888-PMA-2PMA (1-888-762-2762)**. A live person will answer 24/7 to direct you to the closest contracted funeral home.
2. Call the funeral home directly to notify them of the death. Let them know the deceased is a member of People's Memorial Association.
3. 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 you want them to arrive at a later time.
4. Next-of-kin makes an appointment with the funeral home to make arrangements.
5. Bring or send to the funeral home this completed form and/or Designated Agent forms, if appropriate.
6. If you wish to access veteran's benefits, send or bring along a copy of the military discharge papers (DD-214).

**PMA Membership is not a prepaid funeral plan.**  
**Payment is due 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 or Alkaline Hydrolysis, arrange to pick up the urn of ashes from the funeral home once the process is completed—typically in 5 to 10 business days.