



ANNUAL REPORT 2024

People's Memorial Association

The trusted resource and
thought-leader for funeral
choice, education, and
advocacy in Washington State.



LETTER FROM THE



EXECUTIVE DIRECTOR

It's an honor to be **leading PMA into its 86th year of service to Washington**. While a lot of things about the funeral industry and the world have changed over the decades, the dedication of our staff to PMA members has not. It's hard work to know the ins and outs of laws and cultural practices, but our team is up to the task. **We have two people on our team who have been lending their expertise for over ten years!** Their talents are invaluable.

I'm excited to share with you in this report an overview of what we were able to accomplish in 2024, as well as share with you some of our goals for the coming year. One thing that fills me with gratitude everyday is knowing that **we are powered by our engaged membership**. Did you know that over 80% of PMA's budget is made up of individual donors just like you? Our average donation is a modest \$20. It's a powerful reminder that **PMA is for its members, by its members**, and together we make a whole lot of difference.

We know that budgets are tight for Washingtonians, so I'm working to identify other revenue streams that we can lean more heavily on, like corporate sponsorships. Working with other like-minded businesses will allow us to **expand our offerings and cultivate the compassionate, sustainable organization we all want PMA to be**.

It's such a privilege to be your advocate, as we work to guarantee affordable, dignified funerals for all Washingtonians. Thanks for joining me on this journey!

Casey Hussenauer Brannett





MEMBER BENEFITS

Your lifetime membership has no annual premiums and includes:

- A compassionate and trustworthy resource for all your questions about memorials, funerals, and other after-death arrangements;
- **Access to discounted rates for cremation, burial plans, alkaline hydrolysis, and natural organic reduction at 33 contracted funeral homes across the state;**
- Part ownership in The Co-op Funeral Home of People's Memorial in Seattle;
- **A 15% discount on merchandise**, like caskets and urns offered by the selected funeral home, as well handcrafted ceramic urns purchase directly from Touch Formed Memorials;
- Discounted admission to events and classes hosted by PMA about end-of-life issues;
- Tools to help you identify and document your preferences, as well as to share with your loved ones;
- An advocate for you at both the state and federal levels;
- A 15% discount on services at Resting Waters Aquamation: Seattle's Pet Funeral Home;
- Qualification for a savings account with Salal Credit Union that mimics a pay-on-death account; and,
- **The gift of preparedness that you give to your loved ones.**

1,261
new members
joined in 2024





ANNUAL MEETING

April 26
from
1-3pm

online
via
Zoom



Join us on April 26th for the virtual Annual Meeting!

Get important updates about People's Memorial Association and The Co-op Funeral Home, meet your Board of Directors, and learn about the financial health of both organizations.

PMA is working hard to ensure all Washingtonians have access to a funeral industry that is transparent and we want to share in that progress with you! This will be a great time to ask your questions and to learn more about how Washington is leading the nation in funeral education and advocacy.

This year we're excited to hear from keynote speaker, **Katrina Spade**. The **Founder and CEO of Seattle's own Recompose** will share about the adoption of natural organic reduction in Washington. You won't want to miss it!

Register for your unique link to join the Zoom meeting by visiting peoplesmemorial.org/events. We look forward to seeing you!





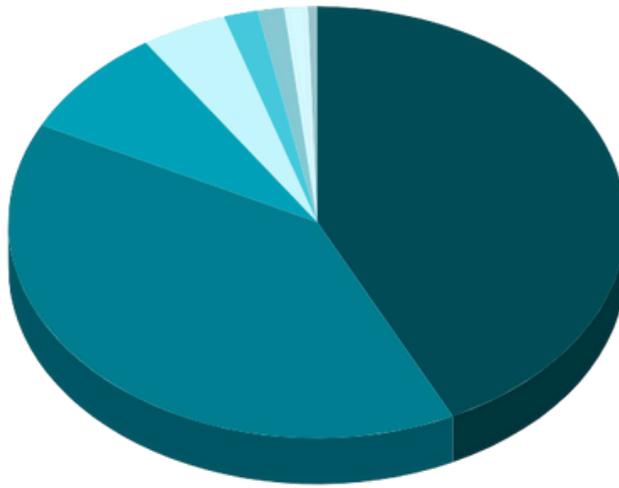
FINANCIALS

PEOPLE'S MEMORIAL

PMA Revenue

\$267,960

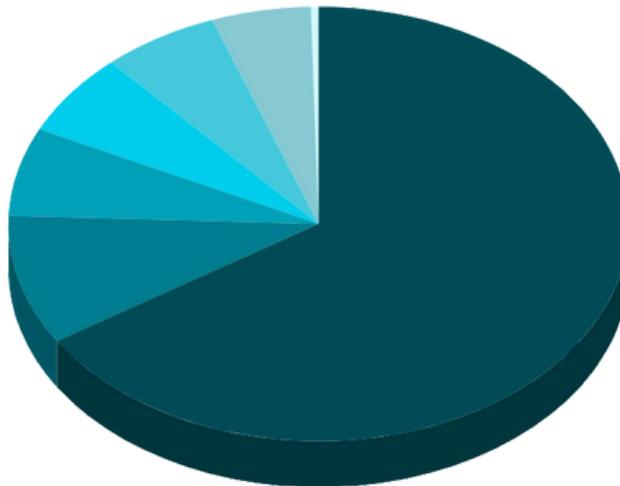
- Individual Giving
- New Member Dues
- Burial Plot Donations
- Corporate & Foundation Giving
- Digital Document Storage
- Interest Income
- Class Ticket Sales
- In-Kind Gifts



PMA Expenditures

\$325,963

- Payroll & Benefits
- Operations
- Professional Fees
- Financial Assistance
- Program Services
- Marketing
- In-Kind



43%
of income is
from donors
like you!



FINANCIALS

THE CO-OP FUNERAL HOME

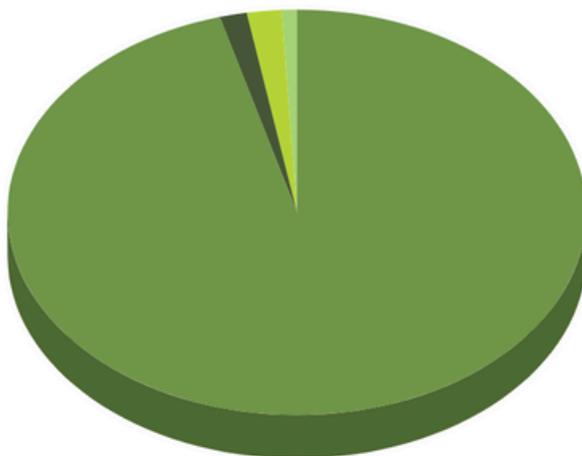


818
families
served
in 2024

TCFH Income

\$1,216,982

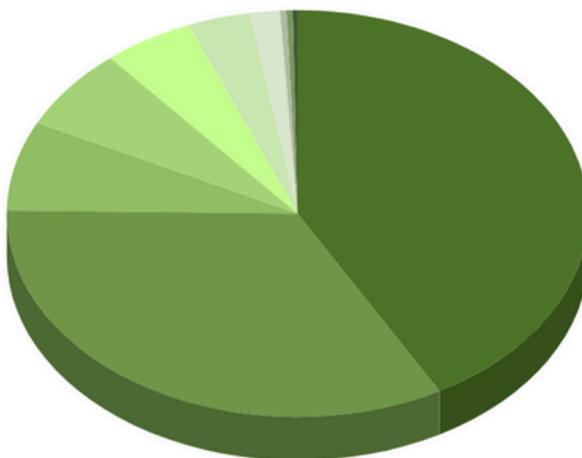
- Member Sales
- Nonmember Sales
- Records Fees
- Commissions & Interest



TCFH Expenses

\$1,171,899

- Payroll & Benefits
- Subcontractors
- Operations
- Professional Fees
- Office Space
- Merchandise
- Business Taxes
- Charitable Contributions
- Other
- Marketing

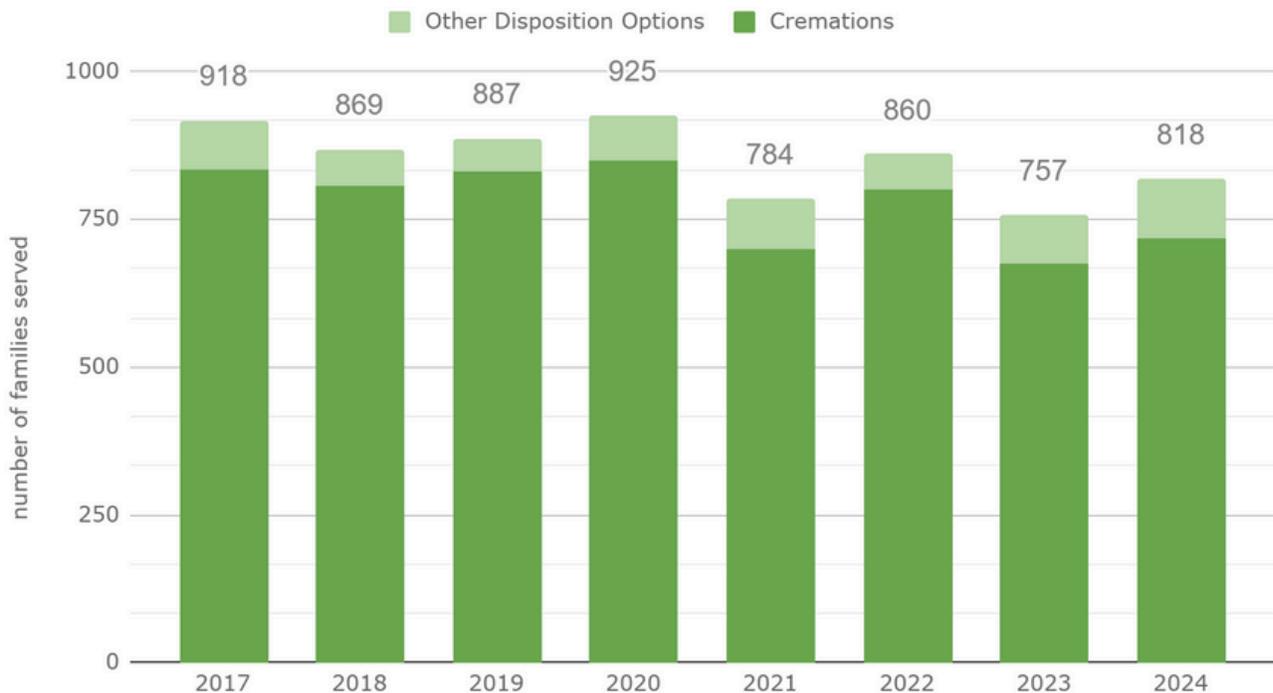




In 2024, **The Co-op Funeral Home celebrated 17 years of service** in King County. As the 4th busiest funeral home in the county, we are proud to be able to support so many with compassionate, affordable care. We know many people who choose to work with us are passionate about our **not-for-profit business model**. It's one of the ways our community knows our office is a space safe from high pressure sales tactics.

To improve the timeliness of care and communications, **we began partnering with new subcontractors last year. A new crematory, two new courier services, and three venues for ceremony space** will help TCFH provide the kind of care you and your loved ones can rely on. We're working to add additional staff in the funeral home, as well. Thank you so much for your trust in us as we grow the business and constantly work to improve the way we care for our community!

TCFH Families Served (2017 - 2024)





After every one of the **1,128 funerals** handled by one of our contracted funeral homes last year, we sent a satisfaction survey to the next-of-kin. We want to make sure that every person served is satisfied with the services received. **PMA's top priority is guaranteeing that all interactions are handled with the utmost dignity and professionalism.**

We're pleased to share that 98% of survey respondents report they **received no upselling** and had a **97% overall satisfaction rate**. 98% of people shared that they were satisfied with the selection and quality of goods and services offered.

"We were so in shock and so numb but I remembered the People's Memorial plan I had for myself. It must have been an angel speaking to me to go to the website. "

"Thank you for caring."

"It truly provided the best experience I could have hoped for during such a difficult time."

"Their kindness and respect for my sister's wishes were a great comfort."

SATISFACTION SURVEYS





FUNERAL FINANCIAL ASSISTANCE FUND

Our funeral financial assistance fund is a crucial form of support for people experiencing substantial financial hardship. **All Washingtonians should have access to simple, dignified funeral care for those they love**, but rising costs put that out of reach for so many. This fund is sustained by the **generous donations from members like you** and proceeds from the sale of donated burial plots.

To date, **almost 150 families have been supported by this fund, for a total of over \$107,000.** Last year we were only able to support 23 families, despite receiving **over 120 requests.** In our three-year strategic plan, we set an ambitious goal for ourselves of supporting 40 families per year. This would cost an estimated \$40,000 annually.

PMA has worked to simplify and streamline the application process to make it easier for grieving loved ones to navigate. We use Area Median Income to identify financial priority for applicants, which is based on federal guidance for Washington State agencies. **We are able to provide qualifying applicants with an average of \$1,000** toward the cost of caring for their loved one.

We are struggling to keep this fund open and we need your help. **Please consider becoming a monthly donor** and making a gift that can truly change someone's life when they need it most.

23
families
supported
in 2024





EDUCATION

It was a year of firsts for our community education: our first time running a book club (with the King County Library System), our first time **teaching Ducks in a Row entirely in Spanish** (with the Seattle Public Library), and the first time our most requested class was about **green funerals**. Washingtonians are so interested in green funerals that PMA was invited to sit on 5 different panels to talk about **the environmental impact of funerals** and what options are available to reduce that impact. If that's a subject that interests you too, check out our webinar library for recordings of previous classes that tackle the topic.

In 2024, we traveled nearly 1,200 miles around Washington to bring essential information about funeral options to the folks who needed it. If we didn't make it to your neck of the woods, **reach out to us at info@peoplesmemorial.org and invite us!** We'd love the chance get to know your community and tackle your questions.

6 book
group
meetings

taught 20
classes



tabled at
11 events

sat on 5
panels





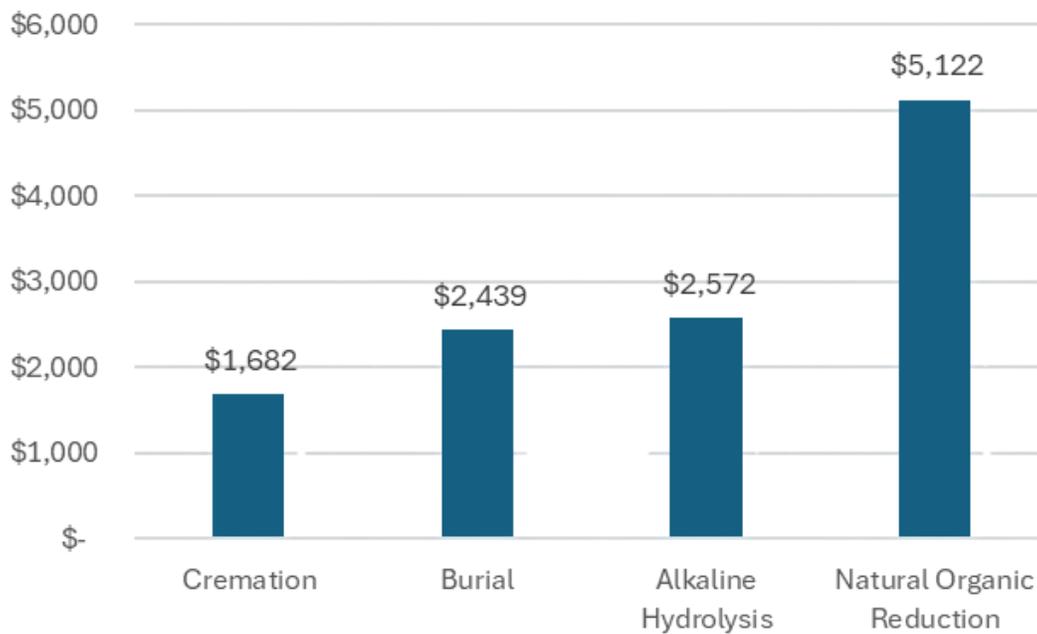
PRICE SURVEY

225 funeral homes contacted

Last year, PMA surveyed the **225 funeral homes across the state of Washington**. Our team of volunteers contacted each of those businesses to learn what services they offered and how much they cost. The crucial information in **our biennial price survey** is something **we publish for free on our website** so that all consumers have access to the core information they need to make informed choices about funeral care for those they love.

You can look at the **full results of the survey on our website at peoplesmemorial.org/pricesurvey**, as well as get an idea of what the cost for care in your community is. One thing we're excited to draw your attention to is that now **43% of WA funeral homes are offering alkaline hydrolysis and 40% are offering natural organic reduction**. This is exciting news for green deathcare enthusiasts!

Average Cost of a WA Funeral





SUPPORT PMA

It was the humble leadership of a group of Seattle ministers that led to the founding of People's Memorial Association 86 years ago. They were looking for **reliable access to affordable, simple funeral care** for their loved ones and that vision still guides us today.

PMA is lucky to have such **engaged members who share our passion for consumer advocacy and funeral choice**. As we look ahead, your financial support is crucial to maintaining our free educational resources and ensuring our staff is on hand to answer your questions. Your contribution directly helps families make informed decisions during difficult times. Please consider a gift today to keep these essential services accessible to all who need them.

Gifts from individual donors like you make up the biggest part of PMA's annual income. In 2025, your support is more important than ever. **Our goal is to raise \$44,000 by June 1st and we need your help.** When you give a gift today, you don't just sustain our mission—it transforms lives by ensuring knowledgeable, compassionate, not-for-profit support is always one call away. Can we count on you to make the coming year our most impactful yet?

We can't do this work without you.

Together we are the People's Memorial Association community. We couldn't do it without you.

To give, visit peoplesmemorial.org or send a check to **2011 1st Ave N, Seattle, WA 98109.**

To give, send a check to
**2011 1st Ave N
Seattle, WA 98109**

You can also
donate online at
peoplesmemorial.org





When was the last time you updated your contact information? **Stay in touch!**

Help us keep our records up to date by emailing us at info@peoplesmemorial.org or leaving a voicemail at 206-325-0489.

Make a gift today by mailing a check to People's Memorial Association at 2011 1st Ave N, Seattle, WA 98109, or online at peoplesmemorial.org/donate.

Did you know **PMA also accepts gifts of stock, qualified charitable distributions (QCDs), and donor advised funds?** Gifts like these are often very tax-beneficial to the giver. To make a non-cash gift of this kind, please email director@peoplesmemorial.org. Achieve your charitable giving goals as you make it part of your legacy to help families during the most challenging time of life!

Thank you for helping us cut down on our paper consumption with this digital annual report! It also helps us be mindful of the ways we use your generous donations.

PMA is a 501(c)3 nonprofit organization.
EIN 68-0621888

CONNECT WITH US



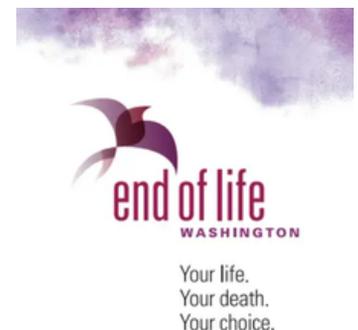


GET YOUR DUCKS IN A ROW

It's important to **make sure all of your end-of-life documents are up-to-date.** Many people revisit them after significant life events like births or marriages. To help you stay current, **we've attached blank forms for you to update your wishes,** if needed. Feel free to pass them on to a friend who could use a little help getting their own ducks in a row.



Thank you to our generous sponsors...





Got Your Ducks in a Row?

*Check the boxes of what you have completed.
 Provide the information for your family in this document.*

Health	Financial	Death
POLST/DNR <input type="checkbox"/> Physician Order for Life Sustaining Treatment	Will OR Trust <input type="checkbox"/>	Disposition Authorization <input type="checkbox"/> Burial or Cremation Plot/Niche/Scatter
Advance Healthcare Directive <input type="checkbox"/>	Executor OR Trustee <input type="checkbox"/>	Vital Statistics/ Planning form <input type="checkbox"/> Info for Death Certificate Obits, Service, Memorials
Mental Health Advance Directive <input type="checkbox"/>	<u>MOST IMPORTANT</u> I have shared all this information with my family/friends/attorney <input type="checkbox"/>	Designated Agent <input type="checkbox"/> Who will be making funeral arrangements?
Durable Power of Attorney HEALTHCARE <input type="checkbox"/>	Durable Power of Attorney FINANCE <input type="checkbox"/>	Funds for Arrangements <input type="checkbox"/> Where is the \$\$?
Living Will Registry Donate Life Today <input type="checkbox"/> (if donation is wanted)	List of Passwords <input type="checkbox"/> Accounts Policies	Document Storage Service <input type="checkbox"/> Electronically save documents with PMA

People's Memorial Association
 2011 1st Ave N, Seattle, WA 98109
 206.325.0489 info@peoplesmemorial.org



In the event I should require emergency medical attention, become disabled, or die, I am providing this information to those who will be handling my affairs.

My Full Legal Name: _____

AKA: _____

Mailing Address: _____

Street Address: _____
(If different from Mailing Address)

Phone: _____ Email Address: _____

MEDICAL INFORMATION

Primary Physician: _____ Phone: _____

Physician's Address: _____

Hospital Preference: _____

Medicare #: _____ VA Health Care #: _____

Health Insurance Co.: _____ Policy #: _____

Major Health Conditions: _____

Allergies: _____

ADVANCE DIRECTIVES

I ____ have ____ have not executed a **Durable Power of Attorney for Healthcare**.

I have named _____ Ph: _____ to be my healthcare decision-maker and selected _____ Ph: _____ as the alternate. The original document is located: _____

I ____ have ____ have not executed a **Directive to Physicians (Living Will)**.

The original document is located: _____

LEGAL INFORMATION

I **have** **have not** executed a **General Durable Power of Attorney**.

I have named _____ Ph: _____ to act on my behalf regarding my personal and financial affairs. The original document is located: _____

I **have** **have not** executed a **Last Will & Testament**.

The original Will is located: _____

I **have** **have not** executed a **Community Property Agreement**.

The original is located: _____

Attorney's Name: _____ Phone: _____

Address: _____

FINANCIAL INFORMATION

Checking/Savings Accounts

Bank Name: _____ Account #: _____

Names on Account: _____

Safe deposit box? **Yes** **No** Located in Bank: _____

Individual(s) with named access: _____

Location of key: _____ Contents: _____

Retirement Accounts

Location: _____ Account #: _____

Type of Account (Roth, 401(k) etc): _____

Investment Accounts

Brokerage Company: _____ Account #: _____

Name of Investment Advisor: _____ Phone #: _____

Location of Investment Records: _____

Pension Information: _____

Life Insurance Company: _____ Policy #: _____

Location of Original Policy: _____

Other Insurance: _____

Real Estate Owned/Other Info: _____

Accountant Name: _____ Phone: _____

Location of Tax Returns & Records: _____

CYBERSPACE

Location of computer passwords: _____

FINAL DISPOSITION

I am a member of **People’s Memorial Association (PMA)** (206-325-0489)

My **PMA** membership number is: _____

In the event of my death, contact _____ Funeral Home to pick up my body and handle arrangements. The funeral home’s phone number is _____

Visit ***www.peoplesmemorial.org*** or call ***PMA Time of Death Phone: 1-888-762-2762*** for a ***current list of PMA contracted funeral homes***

If I should die outside of Washington state or northern Idaho, membership in PMA may be honored by other affiliates of the Funeral Consumer’s Alliance in the USA. Not all affiliates have contracted funeral homes. For a list of affiliates by state check ***www.funerals.org***.

I _____ **have** _____ **have not** completed a **Disposition Authorization** authorizing my final arrangements. The original is located: _____

I _____ **have** _____ **have not** completed a **Planning Form** regarding my final arrangements and vital statistics. The original is located: _____

I _____ **have** _____ **have not** completed a **Designated Agent** form giving power to a specific individual to handle my final arrangements. The original is located: _____

I _____ **have** _____ **have not** pre-paid for funeral services with (funeral home or insurance company - ***not available through PMA***): _____

The original documents regarding this prepayment are located: _____

I _____ **have** _____ **have not** filed my funeral planning documents with PMA’s Document Storage Service

In general, my wishes are for _____ **cremation** _____ **burial** Other: _____

I have designated a certain bank account or insurance policy to cover my funeral expenses: _____

I _____ **am** _____ **am not** an organ/tissue donor.

Signed: _____ Date: _____

This document is for providing information only and is not a legally binding document. Please share with your family.



People's Memorial
Association
Funeral Advocacy & Education since 1939

Partnered Funeral Homes

People's memorial members are entitled to a 15% discount on services and merchandise purchased at any of our partner funeral homes and contracted providers.

Last Updated: March 6th, 2025. For the latest information, visit www.peoplesmemorial.org/providers

ABERDEEN	<u>Harrison Family Mortuary</u> 311 W Market St Aberdeen, WA 98520	360-533-8864
ANACORTES	<u>Safe Harbor Funeral Service</u> 1010 34th Street Suite A, Anacortes, WA 98221	360-788-3430
AUBURN	<u>Return Home</u> 4146 B PI NW Auburn, WA 98001	206-752-4335
AUBURN	<u>Klontz Funeral Home</u> 410 Auburn Way N Auburn, WA 98002	253-200-1515
BELLEVUE	<u>Curnow Funeral Home</u> 14205 Southeast 36th Street Bellevue, WA 98006	425-243-9948
BELLINGHAM	<u>Mt Baker Cremation</u> 4131 Hannegan Rd. Suite 106 Bellingham, WA 98226	360-392-8881
BELLINGHAM	<u>Whatcom Cremation & Funeral</u> 4202 Guide Meridian, #106, Bellingham, WA 98226	360-734-7073
BLAINE	<u>Safe Harbor Funeral Service</u> 2750 Peace Portal Drive Suite D, Blaine WA 98230	360-788-3430
CASTLE ROCK	<u>Hubbard Funeral Home</u> 46 A Street SW Castle Rock, WA 98611	360-274-6511
CATHLAMET	<u>Dowling Funeral Home</u> 45 Broadway St Cathlamet, WA 98612	360-795-3591
CENTRALIA	<u>Funeral Alternatives of WA</u> 417 West Main Street Centralia, WA 98531	360-350-4976
KELSO	<u>Dahl-McVicker Funeral Home</u> 301 Cowlitz Way Kelso, WA 98626	360-425-1390
LACEY	<u>Funeral Alternatives of WA</u> 2830 Willamette Drive Northeast Lacey, WA 98516	360-489-6562
LONGVIEW	<u>Steele Funeral Chapel</u> 5050 Mt Solo Rd Longview, WA 98632	360-423-3880
MT. VERNON	<u>Mt Baker Cremation</u> 325 Pine St. Suite F Mt. Vernon, WA 98273	360-392-8881
OAK HARBOR	<u>Whidbey Memorial Funeral Home</u> 746 NE Midway Blvd Oak Harbor, WA 98277	360-675-5777
PORT TOWNSEND	<u>Bradley-Kosec Funeral Home & Crematory</u> 1615 Parkside Dr Port Townsend, WA 98268	360-385-2642

SEATTLE	<u>The Co-op Funeral Home</u> 2011 1st Ave N Seattle, WA 98109	206-529-3800
SEATTLE	<u>Recompose</u> 4 S Idaho St Seattle, WA 98134	206-800-8733
SEQUIM	<u>Linde-Price Funeral Home</u> 170 W Sequim Bay Rd Sequim, WA 98382	360-683-1649
SPOKANE	<u>Pacific NW Cremation - North Spokane</u> 4407 N Division St, Suite 103 Spokane, WA 99207	509-483-3440
SPOKANE	<u>Pacific NW Cremation - South Hill</u> 3016 S Grand Blvd Spokane, WA 99203	509-279-2653
SPOKANE	<u>English Funeral Chapel & Crematory</u> 1700 N. Spokane St. Post Falls, ID 83854	208-773-3425
SPOKANE	<u>English Funeral Chapel & Crematory</u> 1133 N. 4th St Coeur d'Alene , ID 83814	208-664-3143
SPOKANE VALLEY	<u>Pacific NW Cremation - Valley</u> 12209 E Mission Ave, Suite 4 Spokane Valley, WA 99206	509-926-2020
SUMNER	<u>Curnow Funeral Home</u> 1504 Main Street Sumner, WA 98390	253-200-9767
TACOMA	<u>Weeks' Dryer Mortuary</u> 220 134th St S Tacoma, WA 98444	253-537-0253
TOLEDO	<u>Fir Lawn Funeral Chapel</u> 351 N 5th St Toledo, WA 98591	360-864-2101
TUMWATER	<u>Funeral Alternatives of WA</u> 455 North Street Southeast Tumwater, WA 98501	360-523-2489
VANCOUVER	<u>Northwood Park FH & Crematory</u> 16407 NE 15th Ave Ridgefield, WA 98642	360-574-4252
WOODLAND	<u>Woodland Funeral Home</u> 660 Goerig St Woodland, WA 98674	360-225-8441
WENATCHEE	<u>Chapel of the Valley</u> 378 Eastmont Ave, East Wenatchee, WA 98802	509-884-3561

CONTRACTED CEMETERIES

SEATTLE	<u>Crown Hill Cemetery</u> 8712 12th Ave NW, Seattle WA 98117	206-782-6508
LONGVIEW	<u>Longview Memorial Park</u> 5050 Mt Solo Rd, Longview WA 98632	360-423-6090

URN PROVIDERS

SEATTLE	<u>Touch Formed Memorials</u> www.touchformedmemorials.com/	aelfelson@gmail.com
---------	--	---------------------

MONUMENTS

EVERETT	<u>Pacific Coast Memorials</u> www.pacificcoastmemorials.com/	206-782-6508
---------	---	--------------

Please visit our website for additional member benefits.

KEEP WITH YOUR OTHER IMPORTANT PAPERS
Return completed documents to People's Memorial ONLY if you paid for digital storage

Disposition Authorization Form

Washington State



People's Memorial Association
Funeral Advocacy & Education since 1939

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 the form of disposition for my remains be: *(Choose ONE and initial)*

- _____ **ALKALINE HYDROLYSIS (Aquamation)**
 _____ **BURIAL**
 _____ **CREMATION**
 _____ **NATURAL ORGANIC REDUCTION**

I may further direct that the funeral home or reduction facility release my remains in the following manner:	I may further direct that my body be buried at the following:
<input type="checkbox"/> Release my remains to the following person or persons: Name: _____ Relationship: _____ Address: _____ Phone: _____ Name: _____ Relationship: _____ Address: _____ Phone: _____	<input type="checkbox"/> Cemetery Name of Place of Interment: _____ City/County & State: _____ <input type="checkbox"/> Mausoleum Name of Place of Interment: _____ City/County & State: _____
<input type="checkbox"/> Deliver or Ship my remains to: Location: _____ City and State: _____	<input type="checkbox"/> I HAVE purchased my cemetery property <input type="checkbox"/> I have NOT purchased my cemetery property <i>Special Instructions to my survivors regarding disposition of my remains:</i> _____ _____ _____
<input type="checkbox"/> Scatter my remains: Location: _____ City and State: _____	

I direct that all of 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: _____

KEEP WITH YOUR OTHER IMPORTANT PAPERS

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

Vital Statistics

This information is required for Death Certificate - *please print legibly*

Personal Information:			
Full Legal Name:	First	Middle	Last
Other Name(s)/ AKA(s):	First	Middle	Last
Date of Birth:	Month	Day	Year
Birthplace:	City	County	State or Country
Marital Status:	<input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Registered Domestic Partner <input type="checkbox"/> Married <input type="checkbox"/> Divorced		
<i>If married, name of spouse or partner:</i>	First	Middle	Last <i>(must use maiden name)</i>
Father's Name:	First	Middle	Last
Mother's Maiden Name: <i>(Before first marriage)</i>	First	Middle	Last
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Ever Served in the US Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security Number _____ - _____ - _____	PMA Member # _____
Race(s) List all that apply: _____ _____ _____	Hispanic Ethnicity: <input type="checkbox"/> No <input type="checkbox"/> Yes Choose all that apply: <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:	Name of Reservation	

Education/ Occupation:			
Education completed (highest degree earned):	<input type="checkbox"/> 8 th Grade or Less <input type="checkbox"/> 9 th -12 th grade: no diploma <input type="checkbox"/> High School Graduate or GED completed	<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
Occupation: Kind of work done during most of working life	Do not use "retired", give former occupation(s) i.e. "Teacher"		
Kind of business or industry	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 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 you wish to donate, 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 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
WSU Body Donation program at (509) 335-2602 or medicine.wsu.edu/give/willed-body-program/*

Other Requests/Suggestions for Remembrance:

KEEP WITH YOUR OTHER IMPORTANT PAPERS
Return completed documents to People's Memorial ONLY if you paid for digital storage

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 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, arrange to pick up the urn of ashes from the funeral home once the process is completed—typically in 5 to 10 business days.



**People's Memorial
Association**
Funeral Advocacy & Education since 1938

Designated Agent for Funeral Arrangements

Washington State

I, _____ designate the following agent(s) to act on my behalf for the sole purpose of directing my funeral and cemetery arrangements.

I have have not (*initial one*) executed a written Disposition Authorization.

I have have not (*initial one*) filed or prepaid my final arrangements with a funeral home.

If I have not executed a written disposition authorization, nor filed or prepaid my arrangements with a licensed funeral establishment or cemetery authority, then I authorize my designated agent to select appropriate funeral arrangements for me including the type, place, and method of the final disposition. Neither my designated agent nor my survivors may substantially alter any pre-arrangements I have made. If I have not provided sufficient funds to cover my pre-arrangements, the designated agent is responsible for the balance of my funeral and cemetery costs. I direct that my estate promptly reimburse my designated agent for any personal funds advanced to pay for my funeral arrangements. My designated agent has complete authority to act on my behalf and direct any and all details related to my funeral arrangements that I have not already pre-arranged or authorized, including but not limited to obituary, funeral, or memorial service, cemetery, monument, memorialization, reception, or other related matters.

I name the following person to be my designated agent for funeral arrangements:

Primary Agent's Full Name: _____ **Relationship:** _____

Primary Agent's Address: _____ **Primary Agent's Phone(s):** _____

If my Primary Agent is for any reason unable or unwilling to serve in this capacity or does not make contact with the funeral home within 5 business days of my death, I then name the following person to be my designated agent for funeral arrangements:

Alternate Agent's Full Name: _____ **Relationship:** _____

Alternate Agent's Address: _____ **Alternate Agent's Phone(s):** _____

I direct that all of my family and survivors shall honor this authorization. I direct that any funeral home, cemetery, cremation authority, memorial society, or designated agent shall be held harmless for arranging or handling the disposition of my remains, if done in reliance upon this authorization.

Declarant's Signature: _____ **Date:** _____

Full Legal 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:** _____

Full Legal Name of Witness: _____ **Date of Birth:** _____