Disposal Authorization Form

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:

(Choose ONE)

CREMATED ______ (initial)

BURIED ______ (initial)

I may further direct that the Funeral Home or Crematory release my cremated remains in the following manner:

☐ Release my cremated remains to the following person or persons:
   Name: ____________________________________________
   Relationship: ____________________________________
   Address: ________________________________________
   Phone: __________________________________________

☐ Deliver my cremated remains to:
   Location: ________________________________________
   City and State: __________________________________

☐ Ship my cremated remains to:
   Location: ________________________________________
   City and State: __________________________________

☐ Scatter my cremated remains:
   Location: ________________________________________
   City and State: __________________________________

I may further direct that my body be Buried at the following:

☐ Cemetery
   Name of Place of Interment: ________________________
   City/County & State: ______________________________

☐ Mausoleum
   Name of Place of Interment: ________________________
   City/County & State: ______________________________

☐ I HAVE purchased my cemetery property
☐ I have NOT purchased my cemetery property

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: ____________

(Print 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:

<table>
<thead>
<tr>
<th>Full Legal Name:</th>
<th>First</th>
<th>Middle</th>
<th>Last</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other Name(s)/ AKAs:</td>
<td>First</td>
<td>Middle</td>
<td>Last</td>
</tr>
<tr>
<td>Date of Birth:</td>
<td>Month</td>
<td>Day</td>
<td>Year</td>
</tr>
<tr>
<td>Birthplace:</td>
<td>City</td>
<td>County</td>
<td>State or Country</td>
</tr>
</tbody>
</table>

#### Marital Status:

- □ Never Married
- □ Widowed
- □ Divorced
- □ Married
- □ Registered Domestic Partner

*If married, name of spouse or partner:*

<table>
<thead>
<tr>
<th>Father’s Name:</th>
<th>First</th>
<th>Middle</th>
<th>Last</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother’s Maiden Name: <em>(Before first marriage)</em></td>
<td>First</td>
<td>Middle</td>
<td>Last</td>
</tr>
</tbody>
</table>

#### Sex:

- □ Male
- □ Female

#### Ever Served in the US Armed Forces?

- □ Yes
- □ No

#### Social Security Number

<table>
<thead>
<tr>
<th>Number</th>
<th>PMA Member #</th>
</tr>
</thead>
<tbody>
<tr>
<td>______</td>
<td>____________</td>
</tr>
</tbody>
</table>

#### Race(s)

List all that apply:

- ____________________________________________
- ____________________________________________
- ____________________________________________

#### Hispanic Ethnicity

- □ No
- □ Yes

Choose all that apply:

- □ Mexican, Mexican American, Chicano
- □ Puerto Rican
- □ Cuban
- □ Other: ______________________________ ___

#### Residence:

**Street Address including Apt #:**

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

**Resided at this address since:**

<table>
<thead>
<tr>
<th>Year</th>
</tr>
</thead>
</table>

**Residence Inside City Limits?**

- □ Yes
- □ No
- □ Unknown

#### Tribal Reservation Name:

<table>
<thead>
<tr>
<th>Name of Reservation</th>
</tr>
</thead>
</table>

### Education/ Occupation:

#### Education completed (highest degree earned):

- □ 8th Grade or Less
- □ 9th-12th grade: no diploma
- □ High School Graduate or GED completed
- □ Some college credit, no degree
- □ Associate Degree
- □ Bachelor’s Degree
- □ Master’s Degree
- □ Doctorate
- □ 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”

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MAY BE REPRODUCED FOR PERSONAL USE ONLY – NO COMMERCIAL USE APPROVED
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:

_________________________________________________________

_________________________________________________________

_________________________________________________________

_________________________________________________________

_________________________________________________________
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.