



Disposition Authorization Form (with Recomposition)

Washington State

Only the Declarant, the person this form is regarding, may sign. No POA or Spouse is authorized to sign this form.

I, (Full Legal Name) _____ 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) _____ **Recomposed** (Natural Organic Reduction)*

**Currently, service is unavailable. It will be legal in Washington May 2020, it is unknown when there will be a service provider in Washington. Selecting this option does not legally ensure that my remains will be recomposed until the service is available. If natural organic reduction is not available at the time of my passing, I direct and authorize that upon my death my remains be:*

(initial one) _____ **Cremated** _____ **Buried** _____ **Aquamated** (Alkaline Hydrolysis)**

***Currently, aquamation is available in Oregon State. It will be legal in Washington May 2020, it is unknown when there will be a service provider in Washington.*

If my desire is to be cremated or aquamated, I may further direct that the funeral home, crematory, or reduction facility to release my remains in the following manner: (initial and complete only ONE of the following)

1) _____ **Release** my remains to the following person or persons:

Name: _____ Relationship: _____

Address: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

2) _____ **Deliver** for Inurnment: To Place of Inurnment: _____ City & State: _____

3) _____ **Scatter** where? _____

If my desire is to be buried, I may further direct that my body be buried at the following:

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, 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, 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: _____