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Washington State

Disposition Authorization Form

People's Memorial Association
Funeral Advocacy & Education since 1939

My PMA Member ID # _____

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)*

____**Burial** ____**Alkaline Hydrolysis** ____**Anatomical Donation** *(Backup suggested)*
____**Cremation** ____**Natural Organic Reduction** If donation is unavailable, I desire _____

Preferred funeral home: _____ Address: _____ City: _____ Phone: _____ ☐ I have pre-arranged plans at this funeral home	PMA Members receive discounts at partner funeral homes. Connect with the closest partner funeral home by calling our 24-hour **Time of Death line: 888-762-2762** www.PeoplesMemorial.org/Providers

Complete the left or the right column concerning final placement:

I may further direct my remains be handled in the following manner:	I may further direct that my remains be interred at the following:
☐ **Release** my remains to: Name: _____ Relationship: _____ Address: _____ Phone: _____ ☐ **Deliver or mail** my remains to this address: _____ _____ _____ ☐ **Scatter** my remains as described below: _____ _____ _____	☐ **Niche** at: _____ located in (city) _____ ☐ **Cemetery** name: _____ located in (city) _____ ☐ **Mausoleum** name: _____ located in (city) _____ ☐ **I HAVE purchased a cemetery plot or niche** Special Instructions to my survivors regarding disposition of my remains: _____ _____ _____ _____

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: _____

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: _____

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

Residence

Street Address including Apt #:		
City	State	Zip
Resided at this address since:	Year	Residence Inside City Limits? ☐ Yes ☐ No ☐ Unknown
Tribal Reservation Name:		

Education & Occupation

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

Other Wishes

Ceremony:

I ☐ do / ☐ do not want a funeral service.

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

I ☐ do / ☐ do not wish to have a viewing of my body.

If a service is held, I would like it to be held at:
☐ Church _____
☐ Mortuary/funeral home chapel
☐ Up to my family to decide
☐ Other: _____

Notices:

I ☐ do / ☐ do not want newspaper notices published.
Desired publications: _____

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 Lions World Vision Institute (formerly SightLife) at (877) 477-3210 or www.lwvi.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 at (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 uwmedicine.org/school-of-medicine/about/willed-body-program

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

Other Requests/Suggestions for Remembrance:

_____

_____

_____

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Contacts

This information will be needed by the Funeral Home—*please print legibly*

☐ I have completed a Designated Agent form authorizing _____
to oversee my end-of-life arrangements. Location of Designated Agent form: _____

Next of Kin: _____ Relationship: _____
Email Address: _____ Primary Phone: _____

Next of Kin: _____ Relationship: _____
Email Address: _____ Primary Phone: _____

Next of Kin: _____ Relationship: _____
Email Address: _____ Primary Phone: _____

KEEP WITH YOUR IMPORTANT PAPERS. SHARE A COPY OF THIS WITH YOUR NEXT OF KIN/DESIGNATED AGENT. HAVE THEM PRESENT THIS FORM TO FUNERAL HOME.

When a Death Occurs Instructions

1. Reporting the death:
    a. If the **death occurred at home and the deceased was on hospice**, you need to report the death to the hospice organization so their doctor can declare time and cause of death.
    b. If the **death occurred at home and hospice was not involved**, you legally must **call 911** to report the death as soon as possible. A responder will be dispatched to determine if the medical examiner needs to be involved.
    c. If the **death occurred in a hospital, nursing facility, or other institution**, you will be asked for your preferred funeral home.
2. Choose the funeral home you wish to use. People's Memorial Association members receive discounts and preferential treatments at partner funeral homes.
    a. Go to **PeoplesMemorial.org/Providers** for the current list of partnering funeral homes.
    b. Call **888-PMA-2PMA (888-762-2762)** to speak to a live person 24/7 who will direct you to the closest PMA partner funeral home.
    c. Visit **PeoplesMemorial.org/PriceSurvey** for a database of all Washington funeral homes.
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 when you want them to arrive. The legal next-of-kin or designated agent makes an appointment with the funeral home to make funeral arrangements.
4. **Bring or send this completed form and/or Designated Agent forms to the funeral home.**
5. If you wish to access veteran's benefits, send or bring along a copy of the military discharge papers (DD-214).
6. No disposition 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.