



**People's Memorial**  
 Association  
 Funeral Advocacy & Education since 1939

## 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:** \_\_\_\_\_