

TO BE PRESENTED TO FUNERAL HOME/REDUCTION FACILITY AT TIME OF DEATH

**Designated Agent for Disposition
Washington State**

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

Primary Agent's Full Name: _____

Primary Agent's Address: _____

Primary Agent's Phone(s): _____ Relationship: _____

If my Primary Agent is for any reason unable or unwilling to serve in this capacity or does not make contact with the disposition entity I've named within 5 business days of my death, I then name the following person.

Alternate Agent's Full Name: _____

Alternate Agent's Address: _____

Alternate Agent's Phone(s): _____ Relationship: _____

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. If I have not executed a written disposition request or authorization, nor filed or prepaid my arrangements with a licensed funeral establishment or cemetery authority, then I authorize the designated agent(s) listed here to select appropriate disposition arrangements for me including the type, place and method. Neither my designated agent(s) nor my surviving relatives can alter any prearrangements I have made. **If I have not provided sufficient funds to cover my prearrangements, I direct my designated agent(s) to pay the remainder of the cost and my estate to promptly reimburse my designated agent(s) for any personal funds advanced to pay for my disposition arrangements.** My designated agent(s) have complete authority to act on my behalf and direct any and all details related to my disposition arrangements that I have not already prearranged or authorized, including but not limited to obituary, funeral or memorial service, cemetery, monument, memorialization, reception or other related matters.

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: _____

Directions for the Disposition of my Body
Washington State

I, _____ hereby declare that it is my desire upon my death for my remains to be handled in the following manner: *(Initial your choice below)*

____ BURIAL ____ ALKALINE HYDROLYSIS (Aquamation) ____ CREMATION
____ GREEN BURIAL ____ NATURAL ORGANIC REDUCTION ____ FULL BODY DONATION

I may further direct the following funeral home, reduction facility or organization to manage my disposition.

(Name of funeral home, reduction facility or organization) (Phone number)

(Address)

- I HAVE** filled out the necessary disposition authorization forms and they are on file with the named entity above.
- I HAVE** filled out the necessary organ donation or full body donation forms.
- I HAVE** prearrangements where I have purchased a final expense whole life insurance policy with the named entity above.
- I HAVE** prearrangements where I have placed funds into a master trust managed by the named entity above.
- I HAVE** purchased (check all those purchased) ____ cemetery property ____ headstone ____ opening/closing fee ____ burial vault/liner with _____.
- I HAVE NOT** purchased any of the above and need my designated disposition agent to do that on my behalf and be reimbursed from my estate where possible.

I may further direct that the funeral home or reduction facility release my remains in the following manner:

Release my remains to the following person(s):

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Address: _____ Address: _____

City/State/Zip: _____ City/State/Zip: _____

Phone: _____ Phone: _____

Deliver or ship my remains to:

Name: _____ Relationship: _____

Address: _____

City/State/Zip: _____ Phone: _____

I may further direct that my remains be buried at the following:

Cemetery/ Established Family Burial Ground

Name of Place of Interment: _____

City/County & State: _____

Phone: _____

Mausoleum

Name of Place of Interment: _____

City/County & State: _____

Phone: _____

I may further direct that my remains be scattered/spread in the following location:

Name/Address of Location: _____

Name/Address of Location: _____

Name/Address of Location: _____

Other: _____

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

Printed Name of Declarant: _____ Date of Birth: _____

Organ, Tissue and Full Body Donation Washington State

I, _____ hereby declare that it is my desire upon my death for the following organ, tissue or full body donations to be made if determined to be eligible at time of death. If not eligible, please refer to disposition directions.

Eye/Cornia Donation

I do do not wish to donate my eyes at the time of my death to the eye bank.

I have chosen an organization to work with on my donation like Sightlife, Donate Life Northwest, Eye Bank Association of America, etc.

(Name of Organization)

(City)

(State)

(Zip)

Organ/Bone/Tissue Donation

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.

I have chosen an organization to work like LifeCenter Northwest, etc.

(Name of Organization)

(City)

(State)

(Zip)

Full Body Donation

I do do not wish to donate my full body to the University of Washington, Washington State University or other university willled body program for teaching or research purposes.

I have registered with the following program:

UW Willled Body Program at (206) 543-1860 or wbp.biostr.washington.edu.

Washington State University Body Donation Program at (509) 335-2602 or medicine.wsu.edu/give/willed-body-program.

Other: _____

(Name of Organization)

(City)

(State)

(Zip)

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

Printed Name of Declarant: _____ Date of Birth: _____

Vital Statistics Form

Information Required for Death Certificate

Personal Information:

Full Legal Name: _____
(First) (Middle) (Last)

Other Names/(AKAs): _____
(First) (Middle) (Last)

Date of Birth: _____
(Month) (Date) (Year)

Birthplace: _____
(City) (County) (State or Country)

Marital Status: Single Never Married Married Widowed Divorced Registered Domestic Partner

Name of spouse or domestic partner: _____
(First) (Middle) (Last – must use maiden name)

Father's Name: _____
(First) (Middle) (Last)

Mother's Maiden Name: _____
(Before first marriage) (First) (Middle) (Last)

Gender Identity: Male Female Transgender Non-Binary Served in the US Armed Forces? Yes No

Social Security Number _____ - _____ - _____ Race(s) List all that apply: _____

Hispanic Ethnicity: No Yes Mexican, Mexican American, Chicano Puerto Rican Cuban Other: _____

Residence:

(Street Address, Apt. #) (City) (State) (Zip)

Resided at this address since: _____ Residence Inside City Limits? Yes No Unknown
(Year)

Tribal Reservation Name: _____
(Name of Reservation)

Education/Occupation:

Education completed (highest degree earned): 8th Grade or Less 9 th-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. Do not use "retired", give former occupation(s): _____

Industry (Do not use company name(s), i.e. "Education"): _____

My Wishes to Honor My Life
Instructions to Surviving Relatives and Designated Agents

I, _____ declare my wishes to have my life honored in the following manner after I die. I will look to my surviving relatives and/or designated agents to follow these directions where possible and only to make changes if and when my wishes can not be honored.

Declarant's Signature: _____ Date: _____

Type of gathering (Funeral, Memorial, Graveside Service, Celebration of Life, Wake, etc. Be as specific as possible):

Location of gathering (Place of Worship, Home, Specific Location in Community, etc. Be as specific as possible):

People I would like to speak/communicate at my gathering:

Gifts, gestures, mementos I would like given away to those who attend:

Specific food, flowers, music, photos, or other items/wishes I would like represented:

Notices: I do do not want notices of my death 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):

A gathering to honor my life and all other decisions are up to surviving relatives and loved ones to decide.