

DISPOSITION AUTHORIZATION

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: *(initial either cremated or buried)*

☐

CREMATED

or

☐

BURIED

If my desire is to be Cremated, I may further direct that the Funeral Home or Crematory release my cremated remains in the following manner: *(initial and complete only ONE of the following four choices)*

1) ☐

Release my cremated remains to the following person or persons:

Name: _____ Relationship: _____

Address: _____

or

Name: _____ Relationship: _____

Address: _____

2) ☐

Deliver for Inurnment:

☐

In a Niche

or

☐

In the Ground

(initial choice)

To Place of Inurnment: _____

City/County & State: _____

3) ☐

Ship to: _____

4) ☐

Scatter where? _____

If my desire is to be Buried, I may further direct that my body be Buried at the following: *(initial choice)*

☐

Cemetery

or

☐

Mausoleum

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, 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: _____

Address of Witness: _____