

# WASHINGTON STATE DISPOSITION AUTHORIZATION

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:

**1. CREMATED**

**2. BURIED**

1. If my desire is to be **CREMATED**, I direct the funeral home or crematory to release my cremated remains in the following manner (*select only one of the following four choices*):

**Release** my cremated remains to the following person or persons:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

*or*

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

**Deliver** for Inurnment:

In a Niche

In the Ground

Place of Inurnment \_\_\_\_\_

City/County & State \_\_\_\_\_

**Ship** to: Name/Place \_\_\_\_\_

Address \_\_\_\_\_

**Scatter** where? \_\_\_\_\_

2. If my desire is to be **BURIED**, I direct that my body be buried at the following:

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. No funeral home, cemetery, cremation authority, or memorial society shall be liable for arranging or undertaking the disposition of my remains, if done in reliance on this authorization.

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**UNDER WASHINGTON LAW, IN ORDER TO BE VALID, THIS FORM MUST BE SIGNED IN THE PRESENCE OF A WITNESS**

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name & Address