



Body Disposition Authorization Prior to Death

I, (print legal name) _____, recognize that Washington State Law RCW 68.50.160 grants me authority to determine the disposition of my body following my death.

It is my wish that my surviving relatives and loved ones honor this authorization, and I direct that upon my death my body:

Be Body buried Be cremated. Be donated for medical science

To: _____

If cremated, release remains to:

Name: _____ Relationship: _____

Address: _____ Phone: _____

For final disposition, body or cremated remains be:

Buried Interred in a mausoleum / columbarium Remains scattered

At _____

No funeral home, cemetery, crematory or personal representative shall be liable for arranging for or undertaking the cremation of my body if done with reliance on this Disposition Authorization. I direct that my estate, heirs, legal and personal representative, at their sole expense, shall defend, hold harmless, and indemnify any such funeral home, cemetery, cremation authority or personal representative from any claim, liability, suit, cause of action, cost or expense resulting in any way from their reliance on or performance consistent with this Disposition Authorization.

Washington State Law requires this form be signed and dated in the presence of a witness:

Dated _____

Signature

Witness

Printed Name

Printed Name

Address

Address

City/State/Zip

City/State/Zip

Be sure to make copies for yourself and loved ones.

Name of crematorium / funeral home having original: _____