FUNERAL AND BURIAL CARE INSTRUCTIONS

My Legal Name:	
I, [PRINT NAME]sound mind and under no restraint, hereby request that the following inspreferences be honored after my death.	being of tructions and
I desire that my funeral preparation and burial be conducted according to traditions and practices of the Holy Orthodox Church. I direct that upon remains be buried. I do not consent to be cremated. Absolutely no autop performed unless required by law.	my death my
I request that my Designated Agent for Funeral Arrangement coordinate and burial with my family and my priest and parish.	my funeral
I understand that if I have not prepaid or set aside funds for my funeral a cost exceeds a reasonable amount or directions have not been given, Was RCW 68.50.160 states that the right to control disposition of remains and disposition and liability for cost of preparation, care and disposition devo order:	hington State l duty of
If serving in the military, the person listed on the US D.O.D. record of em My designated Agent My surviving spouse The majority of my surviving adult children My surviving parents The majority of my surviving siblings A court appointed attorney	ergency data
☐ I request a home to church to cemetery funeral with minimum or no fur involvement. I understand that all or part of these services may be provide family or parish, if they are equipped to provide them at the time. Depen support available, some services may need to be arranged by a funeral hounderstand that if I am an organ donor, services would be required of a function of the property of the provided that if I am an organ donor, services would be required of a function of the provided that if I am an organ donor, services would be required of a function of the provided that if I am an organ donor, services would be required of a function of the provided that if I am an organ donor of the provided that I am an organ donor of the provided that I am an organ donor of the provided that I am an organ donor of the provided that I am an organ donor of the provided that I am an organ donor of the provided that I am an organ donor of the provided that I am an organ donor of the provided that I am an organ donor of the provided that I am an organ donor of the provided that I am an organ donor of the provided that I am an organ donor of the provided that I am an organ donor of the provided that I a	led by my ding on me. I

- Prepare or purchase casket
 - Take care of administration details (death certificate, burial transport permit)
 - Transport body to church or funeral home

 Transport body to cemetery Have funds been set aside	□NO
□ I request a home to church or funeral home to cemetery funeral with the fundame transporting my body. I request that my Designated Agent coordinate to following with my family, priest and parish and funeral home director. • Prepare body for burial (washing and clothing body or embalm) Embalming □ YES □ NO • Obtain casket • Take care of administration details (death certificate, burial transport powers) • Transport body from home to church or funeral home • Transport body to cemetery • Have pre-paid arrangements been made with the funeral home? □ YES	neral he ermit)
Name of funeral home	
Clothing: indicate first (1) and second (2) preferenceFrom wardrobePlain white garment Other:	
Items to be interred with the body or removed (specify items and where they clound or to whom they are to be delivered: wedding ring, watch cross, earring	
Other requests	
Preferred cemetery or burial site (indicate first (1) and second (2) preference)	
Have arrangements been made with the cemetery? □ YES □ NO	
Paid? □ YES □ NO	

SIGNATURE	DATE	
WITNESS	DATE	
ACKNOWLEDGMENT (OF INDIVIDUAL	
**************************************	PUBLIC********	*******
STATE OF WASHINGTON, COUNTY OF		
On this day personally appeared before meto me known and the individual described in a foregoing instrument, and acknowledged that and voluntary act and deed, for the uses and p	nd who executed the v he/she signed the sam	e as his/her free
Given under my hand and seal of office this	day of	20
SIGNATURE		
NOTARY PUBLIC RESIDING AT	PRINTED	
NAME		
MY COMMISSION EXPIRES:		
************	******	*****