

**DISPOSITION AUTHORIZATION
OF MY BODILY REMAINS UPON MY DEATH
WASHINGTON STATE**

I, [PRINT NAME] _____,
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
buried. I do not want to be cremated.

[CHOOSE ONE] I DO I DO NOT wish to be embalmed.
Absolutely no autopsy shall be performed unless required by law.

NAME OF CEMETARY

ADDRESS STATE

Special instructions to my survivors regarding the disposition of my remains:

I direct that all of my family and survivors shall honor this authorization. I direct that
no funeral home, cemetery, parish or memorial society shall be liable for arranging or
for undertaking the disposition of my remains, if done in reliance on this
authorization.

- Please also see signed documents
- Designated Agent for Funeral Arrangement
 - Funeral and Burial Instructions
 - Vital Statistics Information

DECLARANT'S SIGNATURE

DATE

PRINTED NAME OF DECLARANT

DATE OF BIRTH

*****FOR NOTARY PUBLIC*****

STATE OF WASHINGTON, COUNTY OF _____

On this day personally appeared before me _____,
to me known and the individual described in and who executed the within and
foregoing instrument, and acknowledged that he/she signed the same as his/her free
and voluntary act and deed, for the uses and purposes therein mentioned.

Given under my hand and seal of office this _____ day of _____ 20____

SIGNATURE

NOTARY PUBLIC RESIDING AT

PRINTED NAME

MY COMMISSION EXPIRES:
