

DESIGNATED AGENT FOR FUNERAL ARRANGEMENTS

WASHINGTON STATE

PAGE 1 OF 1

I, _____ designate the following agent(s) to act on my behalf for the sole purpose of directing my funeral and cemetery arrangements.

I have have not (initial one) executed a written Disposition Authorization.

I have have not (initial one) Filed or Prepaid my final arrangements with a funeral home.

If I have not executed a written disposition authorization, nor filed or prepaid my arrangements with a licensed funeral establishment or cemetery authority, then I authorize my designated agent to select appropriate funeral arrangements for me including the type, place and method of the final disposition. Neither my designated agent nor my survivors may substantially alter any prearrangements I have made. If I have not provided sufficient funds to cover my prearrangements, the designated agent is responsible for the balance of my funeral and cemetery costs. I direct that my estate promptly reimburse my designated agent for any personal funds advanced to pay for my funeral arrangements. My designated agent has complete authority to act on my behalf and direct any and all details related to my funeral arrangements that I have not already prearranged or authorized, including but not limited to obituary, funeral or memorial service, cemetery, monument, memorialization, reception or other related matters.

I name the following person to be my designated agent for funeral arrangements:

Primary Agent's Full Name: _____ **Relationship:** _____

Primary Agent's Address: _____

Primary Agent's Phone(s): _____

If my Primary Agent is for any reason unable or unwilling to serve in this capacity or does not make contact with the funeral home within 5 business days of my death, I then name the following person to be my designated agent for funeral arrangements:

Alternate Agent's Full Name: _____ **Relationship:** _____

Alternate Agent's Address: _____

Alternate Agent's Phone(s): _____

I direct that all of my family and survivors shall honor this authorization. I direct that any funeral home, cemetery, cremation authority, memorial society or designated agent shall be held harmless for arranging or handling the disposition of my remains, if done in reliance upon this authorization.

Declarant's Signature: _____ **Date:** _____

Full Legal Name of Declarant: _____ Date of Birth: _____

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

Witness Signature: _____ **Date:** _____

Full Legal Name of Witness: _____ Date of Birth: _____

KEEP WITH YOUR IMPORTANT PAPERS DISCUSS WITH YOUR DESIGNATED AGENT & NEXT OF KIN
HAVE THEM PRESENT THIS FORM TO FUNERAL HOME AT TIME OF DEATH