

PUTTING MY HOUSE IN ORDER Page 1 of 3

Name: _____ PMA Number: _____
(Please Print)

Ceremony:

I **do** **do not** want a service.

If a service is held, I prefer: Memorial (body not present)
Funeral (body present)

I **do** **do not** wish to have a viewing of my body

If a service is held, I would like it held at: Church Mortuary chapel Other:

Notices:

I **do** **do not** want newspaper notices published.

Memorial Gifts:

I **do** **do not** prefer memorial gifts in lieu of flowers.

If memorials requested, I ask that donations be sent to the following organization(s):

Organ And Tissue Donation:

I **do** **do not** wish to donate my eyes at the time of my death to the eye bank.
If yes, contact Sightlife at (206) 682-8500 or www.sightlife.org

I **do** **do not** wish to donate such other organs, bone or tissue, at the time of death as may be considered medically useful. This also authorizes donation of pacemaker, if applicable.
If yes, contact Donate Life Today at (425) 688-7641 or www.donatelifetoday.com

I **do** **do not** wish to donate my full body to the University of Washington, Washington State University or other university willed body program for teaching or research purposes. *If yes, contact:*
UW Willed Body program at (206) 543-1860 or wbp.biostr.washington.edu
WSU Body Donation program at (509) 335-2602 or www.wsu.edu/~wwami/body_donor

Other Requests:

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VITAL STATISTICS: This information is required for Death Certificate *Please Print legibly*

Full

Legal Name: _____
First Middle Last Suffix (Jr, III etc)

Other Names

Used/AKA's: _____

Personal Information:

Date of Birth: _____
Month Day Year

Birthplace: _____
city or county state or foreign country

Social Security Number: _____ - _____ - _____

Education completed: _____

Sex: *Male Female* Race(s): _____

Hispanic? *Yes No* If Yes, specify: _____

Ever Served in the US Armed Forces? *Yes No*

Residence:

Street Address including Apt.No.

City State (Zip + 4) County Country

Resided in County since: _____

Residence Inside City Limits: *Yes No Unknown*

Tribal Reservation Name: _____

Marital Status: *Never Married Married Widowed Divorced Domestic Partner*

Name of Spouse or Domestic Partner (*before first marriage*):

Occupation:

(a) Kind of work done during most of working life: _____
(if retired, give former occupation)

(b) Kind of business or industry: _____
(do not use company name)

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VITAL STATISTICS: This information is required for Death Certificate *Please Print legibly*

Father's Name: _____
First Middle Last Suffix (Jr, III etc)

Mother's Name: _____
(before first marriage) First Middle Last

Doctor's Name: _____ **Phone:** _____

Doctor's Address: _____

CONTACTS: For Funeral Home

Next of Kin: _____ **Relationship:** _____

Address: _____ **Home Phone:** _____

_____ **Cell Phone:** _____

Next of Kin: _____ **Relationship:** _____

Address: _____ **Home Phone:** _____

_____ **Cell Phone:** _____

Signature: _____ **Date:** _____

Witness Signature: _____ **Date:** _____

Printed Name: _____ **Phone:** _____

Address: _____

KEEP WITH YOUR IMPORTANT PAPERS

DISCUSS WITH YOUR NEXT OF KIN

HAVE THEM PRESENT THIS FORM TO FUNERAL HOME AT TIME OF DEATH