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

Full Legal Name: ________________________________________________________________

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 or No   If Yes, specify: ____________________________________________

Ever Served in the US Armed Forces? Yes or No

Residence:

________________________________________________________
Street Address including Apt. No.

City          State        (Zip + 4)          County          Country

Resided in County since: ____________

Residence Inside City Limits: Yes or No or 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)
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: ____________________________________________ First    Middle    Last
(before first marriage)

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