

# The Co-op Funeral Home

of People's Memorial

Final Disposition & Vital Statistics Form

Washington State

I, \_\_\_\_\_ 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 the form of disposition for my remains be:

☐ **Burial**   ☐ **Cremation**   ☐ **Alkaline Hydrolysis (Aquamation)**   ☐ **Natural Organic Reduction**

**If burial is chosen as the final disposition fill out the following:**

I may further direct that the funeral home bury my remains in the following manner:

☐ **Interment my remains** at the following cemetery:

\_\_\_\_\_  
Cemetery Name

\_\_\_\_\_  
Cemetery Contact Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Address

☐ **Interment my remains** at the following mausoleum:

\_\_\_\_\_  
Mausoleum Name

\_\_\_\_\_  
Mausoleum Contact Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Address

☐ **I have** purchased my cemetery/mausoleum property.

☐ **I have NOT** purchased my cemetery/mausoleum property.

*Please continue to page 3...*

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**If cremation, aquamation or natural organic reduction is chosen fill out the following:**

I may further direct that the funeral home or reduction facility release my remains in the following manner:

☐ **Release my remains** to the following person(s):

Name	Relationship	Phone Number
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Address

Name	Relationship	Phone Number
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Address

☐ **Deliver my remains** to the following person/location:

Name/Location	Relationship	Phone Number
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Address

☐ **Scatter my remains** in the following location:

Location/Coordinates

☐ **Special Instructions** to my next of kin regarding the disposition of my remains:

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I direct that all of my next of kin and/or designated agent shall honor this authorization. I direct that no funeral home, cemetery, reduction facility or memorial society shall be liable for arranging or for undertaking the disposition of my remains if done in reliance on this authorization.

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Declarant's Signature

Date

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Declarant's Printed Name

Date of Birth

***Under Washington state law, to be valid, this form must be signed in the presence of a witness.***

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Witness's Signature

Date

---

Witness's Printed Name

Phone Number

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Witness's Address

*Please continue to page 4 for vital statistics...*

*Please keep this form for your records, the funeral home does not need to receive this form until the time of death. It is at that time that your next of kin / designated agent may present this form to the funeral director filling out your death record.*

*It is the recommendation of The Co-op Funeral Home to retain a physical copy of this form in a safe place and to also ensure your next of kin / designated agent(s) have a copy accessible to them as well. These may also be stored digitally in a shared drive with the named next of kin / designated agent(s) for ease of access.*

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It is the sole purpose of this vital statistics form to provide the necessary information required to fill out the death certificate. Please ensure all fields are filled out entirely.

Full Legal Name: First Middle Last

Other Name(s) (AKA)

Date of Birth (M/D/Y) Social Security Number

Birth Place (City, State, County)

Marital Status:  
☐ Never Married ☐ Married ☐ Widowed ☐ Divorced ☐ Registered Domestic Partner

Name of spouse or partner (if applicable)

Father's Legal Name: First Middle Last

Mother's Legal Name: First Middle Last (Maiden)

☐ Please use the term "parents" (replaces father/mother)

Sex/Gender:  
☐ Male ☐ Female ☐ Non-binary (appears as "X") ☐ Prefer to not say (appears as "Unknown")

Residence Address (City, State, Zip)

Resided since (Year) Inside city limits (Y/N/Unknown)

Tribal Reservation, if yes, please provide the name of reservation

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Hispanic Ethnicity:

☐ Yes ☐ No

☐ Mexican/Mexican American/Chicano ☐ Puerto Rican ☐ Cuban

☐ Other: \_\_\_\_\_

Race:

☐ White ☐ Black or African American ☐ American Indian / Alaskan Native

☐ Other Native: \_\_\_\_\_ ☐ Asian Indian ☐ Chinese ☐ Filipino

☐ Japanese ☐ Korean ☐ Vietnamese ☐ Other Asian: \_\_\_\_\_

☐ Native Hawaiian ☐ Guamanian or Chamorro ☐ Samoan

☐ Other Pacific Islander: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

Highest Level of Education:

☐ 8th grade or less ☐ 9th-12th grade, no diploma ☐ High school graduate, GED

☐ Some college, no degree ☐ Associate's Degree ☐ Bachelor's Degree

☐ Master's Degree ☐ Doctorate, PhD ☐ Unknown

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Usual Occupation, when working (do not use "retired")

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Business or Industry (do not use a company name, i.e. "education" or "aerospace")

Served in the US Armed Forces:

☐ No ☐ Yes ☐ Unknown ☐ Prefer to not say

*Please continue to page 6 for additional wishes...*

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## Ceremony/Service:

☐ Yes ☐ No

## If yes, I prefer the following service:

☐ Memorial (body not present) ☐ Funeral (body present) ☐ Next of kin's choice

## If a service is to be held, I would prefer it held at a:

☐ Church/Place of Worship ☐ Mortuary Chapel ☐ Non-religious space  
☐ Next of kin's choice ☐ Other: \_\_\_\_\_

## Notices/Obituaries:

☐ Yes ☐ No

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If notices are desired, list publications(s) to post to here

## Memorial Gifts:

☐ I prefer memorial gifts in lieu of flowers ☐ I do not want memorial gifts

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If memorial gifts are desired, list organization(s) to donate to here

## Viewing of body at care facility:

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

## Organ, tissue & full body donations:

☐ I do ☐ I do **not** wish to donate my eyes at the time of my death.

☐ I do ☐ I do **not** wish to donate my organs, bones and tissue at the time of my death as may be considered medically / scientifically useful. This authorizes donation of a pacemaker, if applicable.

☐ I do ☐ I do **not** wish to donate my full body to the University of Washington, Washington State University or another university willed body program for teaching or research purposes.

*All donations must be arranged prior to death and coordinated with the organization(s) of your choice. These arrangements cannot be made through the funeral home. Next of kin will need to coordinate a transfer of care with the organization(s) after the donation has been completed. These organizations are not responsible for contacting the funeral home after the completion of the donation process.*