

The Co-op Funeral Home of People's Memorial

PMA # _____

BURIAL AUTHORIZATION

Page One of Two

NAME OF DECEDENT: _____ SEX: _____

DATE OF BIRTH: _____ DATE OF DEATH: _____ SSN: _____

I/We the undersigned (the "Authorizing agent") hereby authorize and request that The Co-op Funeral Home of People's Memorial prepare the body of the decedent for burial and to deliver the decedent to _____, my/our cemetery of choice, for burial or entombment. I also warrant that I will make arrangements directly with the cemetery regarding the right to interment, entombment or burial and arrange payment for funeral home and cemetery costs prior to delivery of the body to the cemetery.

Schedule & Container Requirement: The Cemetery may perform the burial upon receipt of the remains, at its discretion, and according to its time schedule, as work permits, unless they have received any further authorization or instructions from me/us as listed below. The Cemetery requires that the remains be placed in a container for burial. Most cemeteries also require a vault or grave liner.

Choice of casket or burial container: _____

Date and Time of Burial Service: _____

Direct Burial (no family will be present for burial):

Permission to post death notice/obituary on The Co-op Funeral Home's website: Yes No

AUTHORITY TO ACT

I/We state, represent and warrant that I am / we are: **(CHECK ONLY ONE)**

- Acting on the written instructions of the deceased who authorized his or her own burial in writing pursuant to Rev. Code Wash. 68.50.160(1) (see attached). The Disposition Authorization must be signed by the deceased, witnessed and dated. The written instructions must be attached.
- Acting on the instructions of the deceased who executed a pre-paid pre-arrangement authorizing his or her own burial pursuant to Rev. Code Wash. 68.50.160(2) (see attached). The pre-arrangement must be attached.
- A person acting as a Designated Agent of the deceased under the signed and dated authorization of the deceased pursuant to Rev. Code Wash. 68.50.160(3)(a) (see attached). The written Designated Agent authorization must be attached.
- The surviving Spouse or Registered Domestic Partner of the deceased at the time of death pursuant to Rev. Code Wash. 68.50.160(3)(b).
- The majority of or the only surviving adult child(ren) of the deceased pursuant to Rev. Code Wash. 68.50.160(3)(c).
- All of or the only surviving parent(s) of the deceased pursuant to Rev. Code Wash. 68.50.160(3)(d).
- The majority of surviving sibling(s) of the deceased pursuant to Rev. Code Wash. 68.50.160(3)(e).
- A Court-Appointed Guardian of the deceased at the time of their death pursuant to Rev. Code Wash 68.50.160(3)(f).
- Most Responsible Party Available pursuant to Rev. Code Wash 68.50.160(5)(f).

The Co-op Funeral Home of People's Memorial

BURIAL AUTHORIZATION

Page Two of Two

DECEDENT: _____

I/We have the right and hereby authorize the burial of the deceased. I am/We are not aware of any living person with a superior right to authorize the burial of the deceased and I am/we are not aware of any contract or instruction (including any pre-arranged funeral plan) made by the deceased objecting to burial or providing for disposition other than by burial.

I/We warrant that all representations and statements contained in this form are true and correct. These statements are being relied upon by The Co-op Funeral Home of People's Memorial and the cemetery.

I/We hereby state that I/We are the closest living next of kin of the decedent or are otherwise empowered and authorized to execute this authorization according to all state and local laws.

I/We are aware of no objection to this burial by the spouse, any child, parent or sibling of the Decedent, or of provision of any contract or instructions made by the Decedent.

I/We have either identified or waived my rights of identification of the human remains that I/we released to The Co-op Funeral Home of People's Memorial, as the decedent. All personal property, clothing and or valuables have been removed from the remains or I/We hereby order them buried with the remains. I/We understand that any personal property, clothing or valuables, including dental gold, on or with the body will be buried, and therefore will not be recoverable.

I/We hereby agree to indemnify and hold harmless, The Co-op Funeral Home of People's Memorial, its officers, directors, agent and employees, from any claim, liability, cost or expense resulting from their reliance on or performance consistent with the direction, declaration, representation, authorizations and agreements herein, including but not limited to, claims brought by any other persons claiming the right to control the disposition of the decedent.

By execution, the undersigned warrant(s) that all representations and statements contained herein are true and correct. These statements are being relied on by the cemetery and the undersigned has read and understood the provisions of this document.

EMBALMING AUTHORIZATION

I/WE HEREBY REQUEST THAT THE BODY OF DECEDENT: _____ ,

(Initial) BE EMBALMED OR NOT BE EMBALMED

Embalming is a temporary preservation of the body using chemicals designed for this purpose as well as other procedures that may be invasive to the body. If Embalming is selected by the next-of-kin or agent of deceased, they authorize and direct The Co-op Funeral Home of People's Memorial, its employees, independent contractors, and agents (including interns and/or mortuary students under the direct supervision of a licensed embalmer), to care for, embalm, and prepare the body of the Deceased. The next-of-kin or agent acknowledges that this authorization encompasses permission to embalm at the The Co-op Funeral Home of People's Memorial facility or at another facility equipped for embalming. In providing authorization, next-of-kin or agent acknowledge that embalming is not an exact science and that results are dependent upon a number of factors, including, but not limited to, the conditions under which the death occurred, time lapse between death and the onset of the embalming procedure, physical condition at the time of death, medications, life-saving procedures, cause of death, storage procedures of the releasing institution, natural elements, tissue/organ donations, and post-mortem (autopsy) examinations.

The next-of-kin or agent agree to indemnify and hold harmless The Co-op Funeral Home of People's Memorial from any claims or causes of action arising from or related to this authorization for embalming, or The Co-op Funeral Home of People's Memorial's reliance upon this authorization.

IMPORTANT: AGENT/NEAREST NEXT OF KIN MUST SIGN – *ADDENDUM provided for additional parties*

SIGN HERE →

Signature: _____ Telephone #: _____

Print Name: _____ Relationship: _____

Address: _____

SIGN HERE →

Signature: _____ Telephone #: _____

Print Name: _____ Relationship: _____

Address: _____

SIGN HERE →

Witness Signature: _____ **Date:** _____

Print Name: _____ Relationship: _____

The Co-op Funeral Home of People's Memorial

BURIAL/EMBALMING AUTHORIZATION

Addendum

DECEDENT: _____

NEAREST NEXT OF KIN OR AGENT SIGNATURES -- *Continue as needed*

SIGN HERE → Signature: _____ Telephone #: _____
Print Name: _____ Relationship: _____
Address: _____

SIGN HERE → Signature: _____ Telephone #: _____
Print Name: _____ Relationship: _____
Address: _____

SIGN HERE → Signature: _____ Telephone #: _____
Print Name: _____ Relationship: _____
Address: _____

SIGN HERE → Signature: _____ Telephone #: _____
Print Name: _____ Relationship: _____
Address: _____

SIGN HERE → **Witness Signature:** _____ **Date:** _____
Print Name: _____ Relationship: _____