



PHONE: (425) 771-1234

FACSIMILE: (425) 672-6757

DISPOSITION AUTHORIZATION
(Decedent During Lifetime)

State of _____)

County of _____)

HAVING FIRST BEEN DULY SWORN:

I declare that it is my wish and I hereby authorize and direct that upon my death my remains be

_____.

write either Cremated or Interred

If I have written the word "CREMATED" above, I further direct that my cremated remains be disposed as follows: _____

I further direct that all of my relatives, surviving at my death, honor this authorization.

I direct that no funeral home, cemetery, and/or cremation authority shall be liable for arranging for or undertaking the disposition of my remains if done in reliance on this authorization.

Further, I direct that my estate, heirs, legal and personal representatives, at their sole expense, shall hold harmless, and indemnify any such funeral home, cemetery and/or cremation authority from any claim, liability, suit, cause of action, cost or expense (including without limitation, reasonable attorney's fees) incurred by any of them and resulting in any way from their reliance on or performance consistent with this authorization.

Signature _____

Printed Name _____

Date Signed _____

UNDER WASHINGTON LAW, TO BE VALID THIS DOCUMENT MUST BE SIGNED IN THE PRESENCE OF A WITNESS:

Witness Signature _____

Printed Name _____

Date Witnessed _____

Please Note:
If a Disposition Authorization is not signed in the presence of a Beck's Funeral Home representative, it must be notarized.