

COOK FAMILY FUNERAL HOME

Cremation Authorization

For Individual Use under Provisions of the Revised Code of Washington 68.50.160

I, declare that it is my wish and I hereby authorize and direct that upon my death, my remains be Cremated. I understand that "Cremation" as defined by the Washington Administrative Code (WAC 98-80-010) means the reduction of human remains to bone fragments in a crematory by means of incineration.

I direct that the funeral service or crematory release my cremated remains to the following person(s):

Release my cremated remains to the following person. If that person is unable to accept receipt of my remains, I direct that they be released to the second named person.

1st Name Relationship

Address Telephone

2nd Name Relationship

Address Telephone

Special Instructions to my survivors regarding disposition of my remains:

I direct that all of my relatives, surviving at my death, honor this authorization, and that no funeral home, funeral service, cemetery and/or crematory shall be liable for arranging for or undertaking 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 defend, hold harmless, and indemnify any such funeral home, funeral service, cemetery and/or crematory from any claim, liability, suit, cause of action, cost, or expense (including without limitation, reasonable attorneys' fees) incurred by any of them and resulting in any way from reliance on or performance consistent with this Authorization.

Declarant's Signature Date

Printed Name Date of Birth

(Under Washington Law, this form must be signed in the presence of a witness)

Witness Signature _____ Date: _____

Printed Name _____ Telephone _____

Address of Witness _____