

**Cremation Authorization-
Additional Authorized Agents**

I/We certify my/our membership is in the same degree of kindred as the Primary Authorized Agent declared above. I/We warrant that all representations and statements made herein by the Primary Authorized Agent are true and correct, and that I/We have read and understand the provisions contained in this document. I/We warrant that I/we are all of the closest Next of Kin, or I/we do not make up the entire membership of the same degree of kindred that I/we have made a good faith effort to locate the other members as required by RCW 68.50.160.

➡ Additional Authorized Agent: _____

➡ Agent Relationship: _____ Agent Phone Number: _____

➡ Agent Address: _____

➡ Agent Signature: _____ Date: _____

➡ Additional Authorized Agent: _____

➡ Agent Relationship: _____ Agent Phone Number: _____

➡ Agent Address: _____

➡ Agent Signature: _____ Date: _____

➡ Additional Authorized Agent: _____

➡ Agent Relationship: _____ Agent Phone Number: _____

➡ Agent Address: _____

➡ Agent Signature: _____ Date: _____

➡ Additional Authorized Agent: _____

➡ Agent Relationship: _____ Agent Phone Number: _____

➡ Agent Address: _____

➡ Agent Signature: _____ Date: _____

➡ Additional Authorized Agent: _____

➡ Agent Relationship: _____ Agent Phone Number: _____

➡ Agent Address: _____

➡ Agent Signature: _____ Date: _____

Please verify the appropriate information and signatures before submitting.

Attach additional pages if necessary.