



170 West Sequim Bay Road | PO Box 2673 | Sequim, WA | 98382  
360.683.1649

**AUTHORIZATION FOR CREMATION AND DISPOSITION BY AUTHORIZED AGENT**

*Cremation is an irreversible and final process. Please read carefully before signing.*

I/We, the undersigned, certify that I/we have the legal right to control disposition according to RCW 68.50.160 and to authorize the cremation, processing and disposition of the remains of: \_\_\_\_\_  
whose date of birth is: \_\_\_\_\_, who died on: \_\_\_\_\_, and social security number is:  
\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_.

**Washington State RCW 68.50.160:** "If the decedent has not made a prearrangement... the right to control the disposition of the remains of a deceased person vests in, and the duty of disposition and liability for the reasonable cost of preparation, care and disposition of such remains devolves upon the following in the order named: a) the person designated by the decedent as authorize to direct disposition as listed on the... DD form 93, if the decedent died while serving in military service; b) the designated agent of the decedent as directed through a written document signed and dated by the decedent in the present of a witness; c) the surviving spouse or state registered domestic partner; d) the majority of the surviving adult children; e) the surviving parents; f) the majority of the surviving siblings; g) a court-appointed guardian at the time of the person's death."

If I/we are not the only legal next of kin, or the next of legal kin, I/we have made all reasonable efforts to contact such person(s) without success and have no reason to believe they would object to the cremation.

**AUTHORIZATION:** I/We hereby authorize Linde-Price Funeral Service to make arrangements for the above-named decedent's cremation at Mount Angeles Crematory. \_\_\_\_\_ (Initial)

**PACEMAKERS/DEFIBRILLATORS AND/OR RADIOACTIVE IMPLANTS:** I/We hereby certify that the above-named decedent:  DOES  DOES NOT contain a pacemaker/defibrillator and/or a radioactive device. \_\_\_\_\_ (Initial)

Device: \_\_\_\_\_

Disposition of above device: \_\_\_\_\_

(Note: Cremation of a body with pacemakers/defibrillators and/or radioactive implants may be delayed until clearance is medically certified.)

**CREMATORY REQUIREMENTS:** Under Washington Administrative Code (WAC) Title 308 > Chapter 308-47, and crematory policy, the decedent must be placed into a "cremation container" as defined by a ridged, combustible container which encloses human remains for cremation. The cremated remains must be returned to the funeral home in a sealable urn/container.

Cremation Container: \_\_\_\_\_

Urn description: \_\_\_\_\_

Items to be returned: \_\_\_\_\_

**DISPOSTION:** I/We authorize Linde Price Funeral Service to release the cremated remains of the above-named decedent as follows:

Release to: \_\_\_\_\_ (name and relation)

Scattering by Linde Price Funeral Service

Shipping via USPS Priority Mail Express

To: \_\_\_\_\_

Address: \_\_\_\_\_



**CREMATION DISCLOSURE:**

1. I/We understand that due to the nature of cremation, items such as body prosthesis, dentures, dental work, jewelry and/or other unnamed personal articles will be altered, damaged, and/or destroyed. I/We authorized the crematory to collect and dispose of, donate and/or recycle the abovementioned articles; and any other non-combustible materials, in any lawful manner it may deem appropriate, and if proceeds are received, they may be used according to company discretion.
2. All reasonable and best efforts are used to completely remove all of the cremated remains from the cremation chamber. However, some minute particles may be left behind and incidental or inadvertent comingling of such particles is a possibility.
3. I/We agree to indemnify, release, and hold the crematory, Linde Price Funeral Service, their employees and owners, harmless from any liability, cost or expense in connection with the cremation process as authorized herein.
4. I/We understand that this document does not contain a complete and detailed description of every aspect of the cremation process.
5. In the event the cremated remains of the above name decedent remain unclaimed for a period of 90 days (WAC Chapter 307-47-30), Linde Price Funeral Service shall give written notice to me/us or the designated person(s) named. I/we agree that in the event the cremated remains of the deceased are unclaimed for a period of 60 days after the dated such notification is mailed, Linde Price Funeral Service is authorized and directed to dispose of the unclaimed cremated remains by any lawful manner it may deem appropriate.

**I/We have read the above disclosure, understand, and accept the cremation disclosure.** \_\_\_\_\_ (Initial)

**SIGNATURE OF PERSON(S) AUTHORIZING CREMATION AND DISPOSITION**

By executing this cremation authorization form, as an authorizing agent(s), the undersigned warrant that all representations and statements contained in this form are true and correct, that these statements were made to induce the crematory to cremate the human remains of the above-named decedent, and that the undersigned have read and understand the provisions contained within this form.

Signature: \_\_\_\_\_ Printed: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to deceased: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Printed: \_\_\_\_\_ Date: \_\_\_\_\_

\*Witness can be a friend or family member and does not need to be notarized\*

**Additional Signatures:**

Signature: \_\_\_\_\_ Printed: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to deceased: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Printed: \_\_\_\_\_ Date: \_\_\_\_\_

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Name of decedent: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Date of death: \_\_\_\_\_

**Additional Signatures:**

Signature: \_\_\_\_\_ Printed: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to deceased: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Printed: \_\_\_\_\_ Date: \_\_\_\_\_

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Signature: \_\_\_\_\_ Printed: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to deceased: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Printed: \_\_\_\_\_ Date: \_\_\_\_\_

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Signature: \_\_\_\_\_ Printed: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to deceased: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Printed: \_\_\_\_\_ Date: \_\_\_\_\_

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Signature: \_\_\_\_\_ Printed: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to deceased: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Printed: \_\_\_\_\_ Date: \_\_\_\_\_

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