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How to Complete Your Washington Designation of Agent for Disposition of Remains

Designation of Agent to Control Disposition of Remains (RCW 68.50.160)

INSTRUCTIONS — KEEP FOR YOUR RECORDS. DO NOT ATTACH THIS PAGE TO YOUR DOCUMENT.

About this form. Under RCW 68.50.160, you may name a designated agent with the first right to control the disposition of your remains, ahead of your family. Washington requires the designation to be **notarized**.

1. **Name your agent (Page 1)**
   Name an agent and a successor, and describe your wishes.
2. **Sign before a notary (Page 2)**
   Washington law requires this designation to be signed and notarized. Bring a current, government-issued photo ID.

After It's Signed

- Give copies to your agent, successor, family, and chosen funeral home.

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SCAN TO BOOK

Questions about this document? Talk to an attorney. Gavrilov & Brooks Law Firm has attorneys licensed in multiple states. Phone and video consultations are available, wherever you are. **(916) 504-0529** · **www.gavrilovlaw.com**

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YOUR FORM BEGINS ON THE NEXT PAGE

DESIGNATION OF AGENT TO CONTROL DISPOSITION OF REMAINS

(RCW 68.50.160)

I,

Full legal name | Date of birth

Address

being of sound mind, designate the following person as my agent with the right to control the disposition of my remains, including funeral, burial, cremation, or other arrangements, as permitted by Washington law:

Name of agent | Address | Telephone

If my agent is unwilling or unable to act, I designate as successor agent:

Name of successor | Address | Telephone

My wishes (check one, and add details):

- Burial
- Cremation
- Other / my agent decides

Details: funeral home, cemetery, ceremony, religious observances, payment arrangements

I revoke any earlier designation of a person to control the disposition of my remains. Any funeral home, cemetery, or crematory that receives a copy of this designation may rely on it.

Declarant's initials: _____

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Date

X
Signature

Printed name

NOTARY ACKNOWLEDGMENT

STATE OF WASHINGTON)
) **ss.**
COUNTY OF)

This record was acknowledged before me on

(date) by (name of the declarant)

X
Notary Public

(Notary seal)

Notary's printed name

Title (Notary Public, State of Washington) My commission expires

ACCEPTANCE BY AGENT (optional). I accept this designation.

X
Agent

X
Successor agent

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