



RECOMPOSE

# Designated Agent for Funeral Arrangements Washington State

I, \_\_\_\_\_, hereby designate the following agent(s) to act on my behalf for the sole purpose of directing my funeral arrangements.

I  have  have not (mark one) executed a written Disposition Authorization.

I  have  have not (mark one) filed or prepaid my final arrangements with a funeral home.

Funeral Home Name: Recompose (or Insert Other: \_\_\_\_\_)

If I have not executed a written disposition authorization, nor filed or prepaid my arrangements with a licensed funeral establishment or cemetery authority, then I authorize my designated agent to select appropriate funeral arrangements for me including the type, place, and method of the final disposition. Neither my designated agent nor my survivors may substantially alter any pre-arrangements I have made. If I have not provided sufficient funds to cover my pre-arrangements, the designated agent is responsible for the balance of my funeral and cemetery costs. I direct that my estate promptly reimburse my designated agent for any personal funds advanced to pay for my funeral arrangements. My designated agent has complete authority to act on my behalf and direct any and all details related to my funeral arrangements that I have not already pre-arranged or authorized, including but not limited to obituary, funeral, memorial service, cemetery, monument, memorialization, reception, or other related matters.

I name the following person to be my designated agent for funeral arrangements:

Primary Agent's Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Agent's Address: \_\_\_\_\_ Primary Agent's Phone(s): \_\_\_\_\_

Primary Agent's Email: \_\_\_\_\_



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# Designated Agent for Funeral Arrangements

## Washington State

If my Primary Agent is either unable or unwilling to serve in this capacity or does not make contact with the funeral home within 5 business days of my death, I then name the following person to be my designated agent for funeral arrangements:

Alternate Agent's Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Alternate Agent's Address: \_\_\_\_\_ Alternate Agent's Phone(s): \_\_\_\_\_

Alternate Agent's Email: \_\_\_\_\_

I direct that all of my family and survivors shall honor this authorization. I direct that any funeral home, cemetery, cremation authority, memorial society, or designated agent shall be held harmless for arranging or handling the disposition of my remains, if done in reliance upon this authorization.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(Only the person who is designating this agent may sign this form during their lifetime. No one else, e.g. that person's spouse or a person with that person's Power of Attorney, may sign it except in special circumstances. If you are signing this form for another person, please be sure you have the legal authority to do so.)

Full Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_

If this document is signed on paper, not electronically, then Washington law requires it be signed in the presence of a witness. If it is signed electronically, no witness is required.

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

Full Legal Name of Witness: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address of Witness: \_\_\_\_\_

If you have questions about this form, please feel free to get in touch with us.  
If you didn't fill this out using our online form, please email a copy to the address below.

Email: [info@recompose.life](mailto:info@recompose.life)

Phone: (206) 800 TREE