

# PUTTING MY HOUSE IN ORDER Page 1 of 3

Name: \_\_\_\_\_ PMA Number: \_\_\_\_\_  
(Please Print)

## Ceremony:

I **do** **do not** want a service.

If a service is held, I prefer: Memorial (body not present)  
Funeral (body present)

I **do** **do not** wish to have a viewing of my body

If a service is held, I would like it held at: Church Mortuary chapel Other:

---

## Notices:

I **do** **do not** want newspaper notices published.

## Memorial Gifts:

I **do** **do not** prefer memorial gifts in lieu of flowers.

If memorials requested, I ask that donations be sent to the following organization(s):

---

---

## Organ And Tissue Donation:

I **do** **do not** wish to donate my eyes at the time of my death to the eye bank.  
*If yes, contact Sightlife at (206) 682-8500 or [www.sightlife.org](http://www.sightlife.org)*

I **do** **do not** wish to donate such other organs, bone or tissue, at the time of death as may be considered medically useful. This also authorizes donation of pacemaker, if applicable.  
*If yes, contact Donate Life Today at (425) 688-7641 or [www.donatelifetoday.com](http://www.donatelifetoday.com)*

I **do** **do not** wish to donate my full body to the University of Washington, Washington State University or other university willed body program for teaching or research purposes. *If yes, contact:*  
*UW Willed Body program at (206) 543-1860 or [wbp.biostr.washington.edu](http://wbp.biostr.washington.edu)*  
*WSU Body Donation program at (509) 335-2602 or [www.wsu.edu/~wwami/body\\_donor](http://www.wsu.edu/~wwami/body_donor)*

## Other Requests:

---

---

---

---

---

---

# PUTTING MY HOUSE IN ORDER Page 2 of 3

**VITAL STATISTICS: This information is required for Death Certificate** *Please Print legibly*

## Full

**Legal Name:** \_\_\_\_\_  
First Middle Last Suffix (Jr, III etc)

## Other Names

**Used/AKA's:** \_\_\_\_\_

## Personal Information:

Date of Birth: \_\_\_\_\_  
Month Day Year

Birthplace: \_\_\_\_\_  
city or county state or foreign country

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Education completed: \_\_\_\_\_

Sex: *Male Female* Race(s): \_\_\_\_\_

Hispanic? *Yes No* If Yes, specify: \_\_\_\_\_

Ever Served in the US Armed Forces? *Yes No*

## Residence:

\_\_\_\_\_ Street Address including Apt.No.

\_\_\_\_\_ City State (Zip + 4) County Country

Resided in County since: \_\_\_\_\_

Residence Inside City Limits: *Yes No Unknown*

Tribal Reservation Name: \_\_\_\_\_

**Marital Status:** *Never Married Married Widowed Divorced Domestic Partner*

Name of Spouse or Domestic Partner (*before first marriage*):

\_\_\_\_\_

## Occupation:

(a) Kind of work done during most of working life: \_\_\_\_\_  
(if retired, give former occupation)

(b) Kind of business or industry: \_\_\_\_\_  
(do not use company name)

# PUTTING MY HOUSE IN ORDER Page 3 of 3

**VITAL STATISTICS:** This information is required for Death Certificate *Please Print legibly*

**Father's Name:** \_\_\_\_\_  
First Middle Last Suffix (Jr, III etc)

**Mother's Name:** \_\_\_\_\_  
*(before first marriage)* First Middle Last

**Doctor's Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Doctor's Address: \_\_\_\_\_

## CONTACTS: For Funeral Home

**Next of Kin:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

\_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Next of Kin:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

\_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

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

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

**Printed Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

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

*KEEP WITH YOUR IMPORTANT PAPERS*

*DISCUSS WITH YOUR NEXT OF KIN*

*HAVE THEM PRESENT THIS FORM TO FUNERAL HOME AT TIME OF DEATH*