



Simple Dignified Cremation \$490.00

Mileage and certain other fees may apply. Please see our Additional Transportation Fees and Urn Prices below.

Here's what you can expect:

- Transferring the body to Washington Cremation Centers (additional fees may apply).
- Making arrangements in our office, by fax or email
- Caring for the body prior to cremation.
- Housing of remains in temperature controlled environment (5 days) Each additional day \$45.00
- Preparing the death certificate and permits.
- Coordinating with the local medical examiner/coroner if required.
- Administrative assistance for communications with the responsible parties.
- Managerial support to supervise and document the process.
- A cremation container made of approved material, in which the body is placed for cremation.
- The cremation itself (persons above 250 lbs will incur additional charges).
- Provision for pickup of the cremated remains by an authorized person at our office in Kent, Washington.
- Cremation will take place within ten (10) days of receiving a Washington Disposition Permit.
- Standard Cremation is based on deceased being under 250 pounds and having no battery operated devices implanted.
- Embalming is not required for direct cremation services, but may be performed for public viewing.

| |
|----------------|
| Initial: _____ |
| Date: _____ |



24 Hour Telephone Number (206) 818-1211

RE: (name of deceased) _____

CURRENTLY LOCATED AT: _____

INSTRUCTIONS:

The forms listed below should have been printed out with this cover sheet. These forms are required by the State of Washington to authorize cremation. Each form's purpose is described below for your information. Check the forms over thoroughly, then sign, initial, or otherwise complete the forms wherever indicated with these graphics:

Fill In

Sign

Initial

Date

Then fax the signed and completed forms with this cover sheet to Washington Cremation Centers.

9 PAGES INCLUDING COVER:

WASHINGTON CREMATION CENTERS STATEMENT OF FUNERAL GOODS & SERVICES

This Contract outlines the services you're ordering and their cost.

VITAL INFORMATION FORM

This form is used to collect the information required to complete the non-medical portion of the official Death Certificate.

AUTHORITY FOR CREMATION

This form authorizes Washington Cremation Centers to handle the cremation of the deceased.

DECLARATION FOR DISPOSITION OF CREMATED REMAINS

This form describes the details of the final disposition of the cremated remains.

ALSO INCLUDE:

COPY OF PICTURE ID FOR EACH PERSON SIGNING.

COPY OF DURABLE POWER OF ATTORNEY FOR HEALTHCARE (IF APPLICABLE)

COPY OF WASHINGTON REGISTERED DOMESTIC PARTNERSHIP CERTIFICATE (IF APPLICABLE)

**FAX ALL COMPLETED PAPERWORK TO
(253)852-9666**

Initial: _____
Date: _____



24 Hour Telephone Number (206) 818-1211

Name of Deceased: _____

PRIVATE CREMATION

• Simple Cremation (Container for cremated remains not included) 1. BASIC CREMATION TOTAL \$410.00

SERVICE OPTIONS

- Preparing unembalmed remains for an ID Viewing
(Limited to a MAXIMUM of 6 persons for 1/2 hour-non autopsied only-within 24 hours of death) \$250.00
- Embalming, Dressing, Cosmetics for viewing on dressing table 2hrs 9AM-5PM \$595.00
- Embalming autopsied remains, dressing, cosmetics & use of facility for viewing for 2 hours
9AM-4PM Weekdays \$750.00
- Witness cremation (6 persons, 15 minutes, minimal preparation, at crematory) \$250.00

2. TOTAL OF SERVICE OPTIONS SELECTED \$ _____

ADDITIONAL OPTIONS

- Removal of implanted medical devices, containing batteries such as a pacemaker. \$50.00
- Rush cremation fee (Within 3 days of receiving disposition permit) \$200.00

3. ADDITIONAL OPTIONS TOTAL \$ _____

WEIGHT SPECIFIC CREMATIONS (added to basic cremation package)

- 1-250 lbs additional transportation and handling \$0.00
- 251-299 lbs additional transportation and handling \$90.00
- 300-399 lbs heavy duty cremation container and cremation fee surcharge \$250.00
- 400-499 lbs heavy duty cremation container and cremation fee surcharge \$450.00

4. WEIGHT SPECIFIC CREMATION TOTAL \$ _____

DISPOSITION OPTIONS

- Release of ashes of next of kin from our office \$0.00
- Delivery of ashes to a local cemetery or families home 9AM-4PM on weekdays by one of our staff.
(Within 30 miles of our office.) \$75.00
- Shipping ashes in continental US via registered mail \$75.00
- Sea scattering (non witnessed, non recoverable off coast Washington) \$150.00
- Placing ashes in an urn provided by family \$45.00
- Veteran Cemetery placement of ashes at Tahoma National Cemetery and service details \$250.00

5. DISPOSITION OPTIONS TOTAL \$ _____

Initial: _____

Date: _____



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TRANSPORTATION

- 2nd person for removal from home or non-institutional location \$100.00
- Removal of decedent after normal business hours 9AM-5PM(Monday to Friday) \$100.00
- Additional Transportation from Thurston, Kitsap Counties \$200.00
- Additional Transportation from Snohomish County \$100.00
- Additional Transportation from Island, Whatcom County \$400.00
- Mileage charged at \$4.00 per mile one way after 30 miles from office (Not applicable in King, Pierce, Kitsap and Snohomish Counties).
- Additional Counties call for pricing
- Basic removal is included in each the basic cremation package from King & Pierce Counties (\$410.00)
- Additional Mileage based on area _____ (see above) \$ _____

6. TRANSPORTATION TOTAL \$ _____

MERCHANDISE SELECTED

- Cremation container selected _____ (see next page) \$ _____
- Cremation urn selected _____ (see next page) \$ _____
- Scattering cremation urn selected _____ (see next page) \$ _____

Merchandise Total \$ _____

Sales Tax Only On Merchandise % 9.5 \$ _____

7. MERCHANDISE AND SALES TAX TOTAL \$ _____

COUNTY & STATE CHARGES

- Death Certificates are \$20.00 each
- Some counties have an addition processing charge for death certificates At Cost
- King County Has A Medical Examiner Fee \$50.00

8. COUNTY FEES TOTAL \$ _____



24 Hour Telephone Number (206) 818-1211

749 N Central Avenue, Kent, WA 98032

BREAKDOWN OF FEES

Statement of Funeral Goods and Services Selected/Purchase Agreement

In this Agreement the words you and your refer to the Purchaser and the Co-Purchaser, if any signing this Agreement. The words we, us and our refer to the Funeral Provider or Seller whose name and address appear above. For good and valuable consideration, which each party acknowledges receiving, you agree to buy the goods and services described below. You authorize us to prepare and care for the body of the decedent named in this agreement and to conduct the funeral and services and incur the charges listed in said agreement. We have the right to collect the total amounts due under this agreement from any person who signs this Agreement as Purchaser or Co-Purchaser.

those items you selected or that are required. If we are required by law or by a cemetery or crematory to use any items, we will explain the reasons in writing below. If you selected a funeral that may require embalming, such as a funeral with viewing, you may have to pay for embalming. You do not have to pay for embalming you did not approve if you selected arrangements such as a direct cremation or direct burial. If charged for embalming, we will explain why below.

1. **BASIC CREMATION TOTAL \$410.00**

Provisions listed in first page

2. **TOTAL OF SERVICE OPTIONS SELECTED \$**

3. **ADDITIONAL OPTIONS TOTAL \$**

4. **WEIGHT SPECIFIC CREMATION TOTAL \$**

5. **DISPOSITION OPTIONS TOTAL \$**

6. **TRANSPORTATION TOTAL \$**

7. **MERCHANDISE AND SALES TAX TOTAL \$**

8. **COUNTY FEES TOTAL \$**

GOODS AND SERVICES TOTAL \$

Date of Death: _____ Date of Service _____

If Embalming was performed and why: _____

Name of Deceased: _____

Purchaser's Name: _____ Purchaser's Phone Number: _____

Purchaser's Home Address: _____

Purchaser's Social Security Number: _____

Co-Purchaser's Name: _____ Co-Purchaser's Phone Number: _____

Co-Purchaser's Home Address: _____

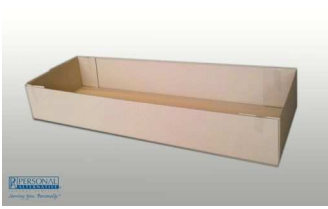
Co-Purchaser's Social Security Number: _____

Funeral Personel Signature _____ Date: _____



24 Hour Telephone Number (206) 818-1211

CREMATION CONTAINER CHOICES



Cardboard \$50



Statesman add \$349



Liberty add \$1099

CREMATION URN CHOICES (All Adult Sized)



A Plastic Urn
Add \$30



Sunset
Add \$199



Evergreen
Add \$199



Kona Coffee
Add \$199



Vintage
Add \$329



Eagle
Add \$299

SCATTERING CREMATION URNS (Adult Sized)



4 Options: Flag, Golf, Sunflower & Pond
Add \$99

Initial: _____
Date: _____



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MERCHANDISE

URNS – Adult Size

- Minimum Rigid Plastic Urn 210 cu. in. \$30.00
- Evergreen Cultured Marble Urn – 210 cu. in. \$199.00
- Golden Sunset Cultured Marble Urn – 210 cu. in. \$199.00
- Kona Coffee Cultured Marble Urn – 210 cu. in. \$199.00
- Mt. Rainier Cultured Marble Urn – 210 cu. in. \$199.00
- Grand Canyon Cultured Marble Urn – 210 cu. in. \$199.00
- American Eagle Cloisonne Urn – 210 cu. in. \$299.00
- Dusty Rose Cloisonne Urn – 210 cu. in. \$299.00
- Pear Blossom Cloisonne Urn – 210 cu. in. \$299.00
- Butterfly Cloisonne Urn – 210 cu. in. \$299.00
- Dove Cloisonne Urn – 210 cu. in. \$299.00
- Magnolia – Polished Burlwood – 210 cu. in. \$299.00
- Vintage – Mahogany – 205 cu. in. \$329.00
- Praying Hands – Cherry – 210 cu. in. \$279.00
- Madison – Stained Burlwood – 205 cu. in. \$329.00
- Brown Veneer Mahogany – 205 cu. in. \$249.00
- Purity Scattering Tube – 220 cu. in. \$119.00
- Patriot Scattering Tube – 220 cu. in. \$119.00
- Golfer Scattering Tube – 220 cu. in. \$119.00
- Summer Field Scattering Tube – 220 cu. in. \$119.00
- Simplicity Cube – 210 cu. in. \$189.00

KEEPSAKE URNS – hold a small portion of the ashes

- Evergreen Cultured Marble Urn – 3 cu. in. \$50.00
- Golden Sunset Cultured Marble Urn – 3 cu. in. \$50.00
- Kona Coffee Cultured Marble Urn – 3 cu. in. \$50.00
- Mt. Rainier Cultured Marble Urn – 3 cu. in. \$50.00
- Grand Canyon Cultured Marble Urn – 3 cu. in. \$50.00

CREMATION CONTAINERS

- Cardboard Cremation Container \$50.00
- Greystone Cremation Container \$349.00
- Liberty Mahogany Veneer Casket \$1099.00

DISCLAIMER OF WARRANTIES: Washington Cremation Centers makes no representations or warranties regarding the caskets listed above. The only warranties, expressed or implied, granted in connection with the caskets, urn or other merchandise are the express written warranties, if any, extended by the manufacturers thereof. Washington Cremation Centers hereby expressly disclaims all warranties, expressed or implied, relating to the caskets, including but not limited to, the implied warranties of merchantability and fitness for a particular purpose. Prices effective September 20, 2011. Subject to change without notice.

Initial: _____

Date: _____



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Notice: This is a legal document, It contains important provisions concerning cremation. Cremation is irreversible and final. Read this document carefully before signing.

Name of Crematory Establishment:

Washington Cremation Centers

Name of Funeral Establishment:

Washington Cremation Centers

I, the undersigned, hereby authorize the crematory and funeral establishment named above to cremate the remains of:

Name Of Person To Be Cremated: _____

Fill In

I hereby certify that I am the nearest degree of relationship [next of kin] to the deceased and that I have the legal right or am charged to authorize this cremation and the disposal of the cremated remains. I understand that due to the nature of the cremation process, any personal possessions or valuable materials, such as dental gold or jewelry (as well as any body prosthesis or dental bridgework), that are left with the decedent and are not removed prior to cremation will be destroyed or if not destroyed, will be disposed of by Washington Cremation Centers. I/We agree to indemnify, release and hold First Cremation Services, LLC and Western Washington Kent, LLC DBA Washington Cremation Centers (the funeral home), their agents and employees, harmless from any and all loss, damages, liability or causes of action, including attorney's fees and expenses of litigation, in connection with the cremation and disposition of the cremated remains of the deceased, as authorized herein, or my/our failure to correctly identify the remains of the deceased, disclose the presence of any implanted medical devices, or take possession of, or make permanent arrangements for, the disposition of such remains.

I/We hereby certify that the remains of the deceased does ___ does not ___ contain any type of implanted device.

I request that following cremation, the funeral home make disposition of the cremated remains as follows:

I specifically agree that if the said cremains are left in the custody of Washington Cremation Centers for over Ninety (90) days, Washington Cremation Centers can make whatever disposition of the cremated remains it deems appropriate pursuant to WAC 308-48-760.

Sign

Next Of Kin Signature

Print Name

Relationship to Deceased

Fill In

Address

StreetCity

State Zip

Telephone Number

Sign

Witness Signature

Print Name

Relationship to Deceased

Fill In

Address

StreetCity

State Zip

Telephone Number

Date

Date Signed: _____



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Release Of Cremated Remains Form

Cremated Remains of : _____

| Name Of Individual To Receive Cremated Remains | Print Name | Relationship to Deceased |
|--|------------|--------------------------|
|--|------------|--------------------------|

| Address | StreetCity | State Zip | Telephone Number |
|---------|------------|-----------|------------------|
|---------|------------|-----------|------------------|

(When delivery of cremated remains via USPS is selected, Registered Return Receipt Mail. Authorizing Agent agrees to assume all liability that may arise from such shipment, and to indemnify and hold the Crematory and Funeral Home harmless from any and all claims related to shipment.)



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Fill In All Information For Death Certificate

| | | | | | | | |
|--|--|--|-----------------------------|--|---------------------|---|----------------------------------|
| LEGAL NAME | | First | Middle | Last | Suffix | Sex (Male / Female) | |
| Birthdate | | Birthplace - City | | Birthplace - State | Age - Last birthday | Was decedent in U.S. Armed Forces? Yes/No/Unk | SSA Number |
| Decedent's Education -(Check the box that best describes the highest degree or level of school completed at the time of death) <input type="checkbox"/> 8th grade or less (specify) <input type="checkbox"/> 9th - 12th grade no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit but no degree <input type="checkbox"/> Associate degree (eg AA, AS) <input type="checkbox"/> Bachelor's degree (eg BA, AB, BS) <input type="checkbox"/> Masters degree (eg MA, MS, Meng, Med, MSW, MBA) <input type="checkbox"/> Doctorate (eg PhD EdD) or Prof degr.(MD, DDS, DVM, JD) | | | | Was Decedent of Hispanic Origin? <input type="checkbox"/> No, not Spanish - Hispanic - Latino <input type="checkbox"/> Yes, Mexican, Mexican Amer., Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish-Hispanic-Latino (Specify): | | Decedent's Race (Check one of more races to indicate what the decedent considered himself or herself to be.) confirm on box below <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Other Asian (Specify) <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify): | |
| Date of death | | Time of death | | If death occurred somewhere other than in a Hosp. <input type="checkbox"/> Hospice facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Nursing home/long term care facility Specify: Town of death Zip code of death | | | |
| Place of Death(if in hospital) <input type="checkbox"/> Inpatient <input type="checkbox"/> Emrg room/outpatient <input type="checkbox"/> Dead on arrival | | Facility Name (if not a facility, give # & Street) | | | | | |
| Marital Status-Never Married Married, Unknown, Widowed Divorced, Married but separated | | Surviving Spouse (if wife, give maiden name) | | Usual Occupation (Give kind of work done during most of working life. Do not use Retired) | | Kind of business/industry (Do not use Company Name) | |
| Decedent's Residence - # & Street | | City/Town | | Inside City Limits-Y/N/Unk | County | Length At Residence | State or Country Zip Code + 4 |
| Father's Name - First, Middle, Last | | Suffix | | Mother's name - First, Middle, Last (Maiden) | | | |
| Informant - Name | | Relationship | Address | | Street or Rfd No | City or Town | State Zip Code + 4 |
| Burial, Cremation, Removal from State, Entombment, Other | | | Cemetery / Crematory - Name | | | Location - City/Town, State | |

Sign

I REQUIRE _____ DEATH CERTIFICATE(S).

Signed on: _____ Date

I, **X** _____, CERTIFY THAT THIS INFORMATION IS CORRECT AND UNDERSTAND THAT IF THE INFORMATION GIVEN IS INCORRECT I WILL BE CHARGED BY THE COUNTY FOR THEIR CORRECTION(S), WITH AN ADDITIONAL \$45.00 ADMINISTRATIVE FEE.

DEATH CERTIFICATES CAN TAKE UP TO 10 BUSINESS DAYS TO BE PROCESSED. PERSONAL ALTERNATIVE IS AT THE LIBERTY OF DOCTORS AND VITAL STATISTICS.

WE UNDERSTAND THE IMPORTANCE OF DEATH CERTIFICATES AND WILL DELIVER THEM AS QUICKLY AS POSSIBLE.