

FINAL INTERMENT OPTION FORM

WSU/UI Body Donation Program

Donor's Name: _____

Please select one of the two options below for the final disposition of the cremated remains by checking the appropriate box. Remains cannot be shipped to a residence. If you wish to select Option 2, please provide the information requested for the funeral home or cemetery.

Option (1)

Burial in the University of Washington School of Medicine (UWSM) plot at Evergreen Washelli Cemetery will be carried out at no cost to you or the deceased's estate. This is a community gravesite marked by a plaque inscribed "In dedication to those who have donated their remains for the advancement of medical science and education." The UWSM does not place individual markers, but a community stone is available at the site. If the family wishes to have the deceased's name and dates of birth and death engraved on the community stone, at their expense, they may contact the Evergreen Washelli Cemetery office, (206) 362-5200, to make arrangements.

~OR~

Option (2)

Should you desire private arrangements, we can send the cremated remains to a specific *funeral director or cemetery* of your choice. (Remains cannot be shipped to a residence.) The cost of transporting the cremated remains is borne by the University of Washington if the destination is within the United States or Canada. However, the final resting place or plot must be arranged and provided for at the family's expense.

Name of Local Funeral Home or Cemetery: _____

Name of the Funeral/Cemetery Director: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

Signature: _____ Date: _____

Please return this form to: **WWAMI Medical Education Program**
Washington State University
Box 643510
Pullman, WA 99164-3510
(509) 335-2602