



LAKE WASHINGTON INSTITUTE OF TECHNOLOGY - FUNERAL SERVICE EDUCATION PROGRAM

11605 132ND AVENUE NE #A109 KIRKLAND, WA 98034 phone (425)739-8155 fax (425) 576-5841

Dear Sir or Ma'am

I would like to first express my sincere appreciation, on behalf of myself, my students, and faculty for your generous gift of your loved one to our program. I am a third generation Mortician, from Michigan, with nearly 30 years of experience in Funeral Service and 11 years in Funeral Service Education. Mr. Craig Emmick, our Embalming Faculty, has over 30 years of experience in Funeral Service, here in Washington. He is our program's Licensed Funeral Director on staff. Between the two of us, your family can be assured we will answer any questions you may have and help you through this experience.

Along with this letter, you will find the following:

- Cremation Authorization
- Embalming Authorization
- Vital Record Information Worksheet

Please read through all of the attached paperwork, and sign or initial in each spot indicated. On the vital record worksheet, please answer all the information you may know. This information will be used on the death certificate. If there is anything you do not know, please list it as "Unknown".

To give you a little information about the LWTech Gifted Body Program, we are a funeral service program that teaches our students embalming, dressing and cosmetizing of the deceased. In exchange of the gift of your loved one, the program takes care of the cost of removal from place of death and cremation costs. However, we do not cover the cost of any county fees, death certificates, custom urn, or any other funerary items. If your loved one made their transition in King County, there may be a \$70 cremation authorization request fee applicable. Death certificates will cost \$20 each from the county where your loved one made their transition. We will return the cremated remains in a rectangle plastic urn. Our estimated turn-around time is 8-weeks. If you would like to purchase another urn, I can arrange to transfer the remains for you.

The Funeral Service Education Program does accept donations. Donations are not a requirement to participate in our program. If your family is able to make a donation, donations can be made through the LWTech Foundation (Funeral Service Education Account or Stephen Benjamin Pike Memorial Scholarship Account). The amount you decide to donate to us is completely discretionary to your family. However, any amount will greatly be appreciated. The LWTech Foundation is a 501 c3 charity, and all donations are tax deductible. There is a form attached with instructions on how to donate, if you are able. The funds are used to benefit student learning and to help us continue to offer this program to other families, in their time of need.

Thank you for your consideration of the Gifted Body Program at Lake Washington Institute of Technology. Your selfless decision helps our students learn valuable lessons and become true professionals in the industry. I am happy to answer any questions you might have at any time. Please do not hesitate to contact me at (425) 739-8155 or through email at Jamye.cameron@lwtech.edu.

Respectfully,

A handwritten signature in blue ink, appearing to read "Jamye D. Jeter Cameron".

Jamye D. Jeter Cameron, MBA, CFSP
Director of Funeral Service Education



LWTech Foundation

Bright Futures for Students and Industry
LAKE WASHINGTON INSTITUTE OF TECHNOLOGY

How to make donations to the Funeral Service Education Program or the Stephen Benjamin Pike Memorial Scholarship Fund

Donate By Check

Please make your check or money order out to **LWTech Foundation** and mail it to:

**LWTech Foundation
Lake Washington Institute of Technology
11605 132 Avenue NE
Kirkland, WA 98034**

On your memo line, please indicate whether you are donating to the FSE Program or the Stephen B. Pike Memorial Scholarship. If you would like to donate to both, please write two separate checks. However, you can mail them to the foundation in the same envelope.

You can also Donate by Telephone

(425) 739-8134

Cremation and Disposition Authorization

Notice: This is a legal document that contains important provisions concerning cremation. Please read this entire document carefully before signing. Cremation is an irreversible and final process.

NAME OF DECEDENT:

SEX:

DATE OF BIRTH:

DATE OF DEATH:

I the undersigned (the "Authorizing agent") hereby authorize and request First Cremation Services of Washington Crematory (the "Crematory"), its agents and employees, to cremate and process the human remains of the Decedent.

Schedule & Container Requirement: The Crematory may perform the cremation upon receipt of the remains, at its discretion, and according to its time schedule, as work permits, without obtaining any further authorization or instructions from me/us. The Crematory requires that the remains be placed in a combustible, leak resistant rigid container for cremation. The Crematory is authorized to dispose of any noncombustible residue, handles or other items attached to any cremation container.

Type of casket or cremation container: Combustible Tray [] Other: _____

Type of container requested for the cremated remains: Plastic Temporary Urn [] Other: _____

AUTHORIZATION

I hereby state that I am the closest living next of kin of the Decedent or are otherwise empowered and authorized to execute this authorization according to all state and local laws.

I am aware of no objection to this cremation by the spouse, any child, parent or sibling of the Decedent, or of provision of any contract or instructions made by the Decedent.

I have either identified or waived my rights of identification of the human remains that I/we released to First Cremation Services of Washington, as the Decedent. All personal property, clothing and or valuables have been removed from the remains or I hereby order them cremated with the remains. I understand that any personal property, clothing or valuables, including dental gold, on or with the body will be destroyed in the cremation process, and therefore will not be recoverable.

I hereby agree to indemnify and hold harmless, First Cremation Services of Washington, First Call Plus of Washington, L.L.C., its officers, directors, agent and employees, from any claim, liability, cost or expense resulting from their reliance on or performance consistent with the direction, declaration, representation, authorizations and agreements herein, including but not limited to, claims brought by any other persons claiming the right to control the disposition of the decedent or the decedent's cremated remains.

By execution, including initials at appropriate spaces the undersigned warrant(s) that all representations and statements contained herein are true and correct. These statements are being relied on by the Crematory and the undersigned has read and understood the provisions of this document.

Initial One

DISPOSITION OF CREMATED REMAINS

[] (Initial) Cremated remains are to be sent to: _____

[] (Initial) Cremated remains are to be picked up by: _____

* Funeral Home and Crematory are not responsible for any loss or damage of cremated remains shipped via Registered Mail with the U.S. Postal

IMPORTANT: ALL NEAREST NEXT OF KIN MUST SIGN

SIGN HERE →

Signature: _____ Telephone Nbr: _____

Print Name: _____ Relationship: _____

Address: _____

Witness SIGN HERE

WITNESS: _____ Date: _____

→

Print Name: _____ Relationship: _____

Decedent: _____

Mechanical Devices and Implants: Mechanical Devices and Implants in the Decedent may create a hazardous condition when placed in a cremation chamber and subjected to heat. The Crematory will not cremate any human remains that contain any mechanical device or implants such as a defibrillator, cardiac pacemaker or insulin pump.

I HEREBY CERTIFY THAT REMAINS OF THE DECEDENT DOES NOT CONTAIN ANY TYPE OF MECHANICAL OR RADIOACTIVE DEVICE.

Listed below are all implanted, mechanical, radioactive devices, or surgical implants that the funeral home is authorized to remove from the remains of the Decedent prior to cremation and to discard or otherwise destroy said items.

DESCRIPTION: _____

Cremation Process

The human remains of the decedent are placed in a combustible casket or other container and delivered to the crematory. All cremations are performed individually. The cremation process begins with the placement of the casket/container in the cremation chamber where it is subjected to intense heat and flame reaching temperatures of 1400 to 1800 degrees Fahrenheit. After approximately two and one half hours, all substances are consumed or driven off; except bone fragments (calcium compounds) and metals, as the temperature is not sufficiently high enough to consume them. During the cremation process it may be necessary to open the cremation chamber and reposition the deceased in order to facilitate a complete and thorough cremation.

Due to the nature of the cremation process any personal possessions or valuable materials, such as dental gold or jewelry (as well as body prostheses or dental bridgework); that are left with the decedent and not removed from the casket or container prior to cremation will be destroyed or will otherwise not be recoverable. The Authorized Agent understands that arrangements must be made with the Funeral Home to remove such possessions or valuables prior to the time that the decedent is transported to the Crematory.

Following an appropriate cooling period, the cremated remains are swept or raked from the cremation chamber. The Crematory makes all reasonable efforts, and uses its best efforts, to remove all of the cremated remains from the cremation chamber, but it is impossible to remove all of them, as some dust or other residue from the process are always left behind. In addition, while every effort will be made to avoid commingling, there will be inadvertent or incidental commingling of minute particles of cremated remains from the residue of previously cremated remains, and the Authorizing Agent understands and accepts this fact.

After the cremated remains are removed from the cremation chamber, the skeletal remains often contain recognizable bone fragments. Unless otherwise specified, after the bone fragments have been separated from the other material, they will then be mechanically processed (pulverized). This process of crushing or grinding may cause incidental commingling of the remains with the residue from the processing of previously cremated remains. These granulated particles of unidentifiable dimensions will be virtually unrecognizable as human remains.

After the cremated remains have been processed, they will be placed into the designated urn or container. The Crematory will make reasonable effort to put all the cremated remains in the urn or container, with exception of dust or other residue that remains on the processing equipment. The Funeral Home will deliver/dispose of the urn/container containing the cremated remains as directed by the Authorized Agent. I have read and understand this disclosure concerning the Cremation Process.

SIGN HERE →

SIGNATURE OF AUTHORIZED AGENT: _____



**LAKE WASHINGTON
INSTITUTE OF TECHNOLOGY**
Information Worksheet for Washington State Certificate of Death

1. Legal Name (Include AKA's if any) First Middle Last Suffix					2. Date of Death	
3. Sex (M/F)	4a. Age - Last Birthday	4b. Under 1 Year Months Days		4c. Under 1 Day Hours Minutes		5. Social Security Number
6. County of Death		7. Birthdate		8a. Birthplace (City, Town, or County)		8b. (State or Foreign Country)
9. Decedent's Education			10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify		11. Decedent's Race(s) (SPECIFY)	
12. Was Decedent ever in U.S. Armed Forces?			13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.)			
13b. City or Town				13c. Residence: County		13d. Tribal Reservation Name (if applicable)
13e. State or Foreign Country		13f. Zip Code + 4		13g. Inside City Limits?		
<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> Unk		
14. Estimated length of time at residence.		15. Marital Status at Time of Death Married, Never Married, Divorced, Widowed, Domestic Partner, Legally Separated (CIRCLE ONE)		16. Surviving Spouse's Name (Give name prior to first marriage)		
17. Usual Occupation (Indicate type of work done during most of working life (DO NOT USE RETIRED))				18. Kind of Business/Industry (Do not use Company Name)		
19. Father's Name (First, Middle, Last, Suffix)			20. Mother's Name Before First Marriage (First, Middle, Last)			
21. Informant's Name				Informant's Relationship to Deceased		
23. Informant's Mailing Address					Informant's Phone Number	
49. Name and Address of Physician					Physician Phone Number	
Informant's Signature (I declare the foregoing is true to the best of my knowledge)						
Date:						
To be completed by Funeral Director						
24. Place of Death if Death Occurred in a Hospital				Place of Death, if Death Occurred Somewhere Other than a Hospital		
25. Facility Name (If not a facility, give number & street)			26a. City, Town, or Location of Death		26b. State	27. Zip Code
28. Method of Disposition		29. Place of Disposition (Name of cemetery, crematory, other place)			30. Location-City/Town, and State	
31. Name and Complete Address of Funeral Facility Lake Washington Institute of Technology, 11605 132nd Ave NE, Kirkland, WA 98034					32. Date of Disposition	
50. Hour of Death		36. Autopsy? <input type="checkbox"/> YES <input type="checkbox"/> NO		56. Referred to Medical Examiner? <input type="checkbox"/> YES <input type="checkbox"/> NO		55. ME/Coroner file number

NOTES:



EMBALMING AUTHORIZATION

LWIT ID # _____

INSTRUCTIONS TO CLIENT:

Please complete the "Written Authorization – Confirmation of Oral Permission" section of the document and **FAX BACK TO OUR OFFICE AT 425-576-5841 ATTN: Jamye D. Cameron** or email back to jamye.cameron@lwtech.edu

The purpose of this document is to affirm that Lake Washington Institute of Technology is authorized and instructed by the family of the decedent, or legal authorized agent to proceed with embalming of the remains

of: _____
(Name of Deceased)

WRITTEN AUTHORIZATION -- CONFIRMATION OF ORAL PERMISSION

I/we, X _____ (Signature of Authorized Agent) the next of kin and having authority granted by the person(s) having the right to control the disposition of the remains, hereby warrants that lawful consent for embalming has been received in accordance with all laws, rules and regulations governing embalming and right of control of remains. I/we agree to indemnify and hold harmless Lake Washington Institute of Technology, its affiliates, and their agents and employees, from any and all liability or claims which may arise as a result of this authorization to embalm and prepare or any action taken in accordance herewith.

I/we hereby request that the remains of: _____ (Decedent) be embalmed by Lake Washington Institute of Technology Funeral Service Education students, under the direct supervision of a Washington State licensed embalmer.

X _____ / /
Signature of Next of Kin (or Authorized Agent) Date Signed

X _____ / /
Printed Name of Next of Kin (or Authorized Agent) Date Signed

X _____ / /
Signature of Witness Date Signed

X _____ / /
Printed Name of Witness Date Signed

X _____
Signature LWIT Licensed Embalmer Date Signed

X Craig A. Emmick _____ Printed name of LWIT Licensed Funeral
Director/Embalmer License # 1568 Washington State