

# CREMATION AUTHORIZATION

*Crematory Use only.*

Cremation Date: \_\_\_\_\_  
Cremation Number: \_\_\_\_\_

I, the undersigned (the "Authorizing Agent"), hereby authorize and request the crematory selected by (hereafter "the funeral home") in accordance with and subject to its rules and regulations, and all applicable state or local regulations, to cremate the human remains of:

("the decedent"), who resided at:

I have identified the human remains that were delivered to the funeral home as the decedent and authorize the funeral home to deliver the decedent to the crematory for cremation.

**Place of Death:**

**Date of Death:**

**Time of Death**

**Decedent's Age:**

**Decedent's Sex:**

Did decedent have or is suspected to have had a contagious disease?  YES  NO. If yes, explain: \_\_\_\_\_.

Has the decedent received treatment with therapeutic radio nuclides?  YES  NO. If yes, explain: \_\_\_\_\_.

I authorize the crematory to perform the cremation upon receipt of the human remains, at its discretion, and according to his own time schedules and state laws, as work permits, without obtaining any further authorization or instructions.

**I state that the decedent  does  does not have a heart pacemaker, radiation producing implant device or other life sustaining device that could be explosive. If such a device exists, I will instruct and authorize the funeral director to remove such objects prior to cremation.** I also agree that in the event of my failure to notify the funeral director or others responsible for the removal of such a device, I shall be liable for any damages to the crematory or injury to crematory personnel.

I request that the following disposition be made of the cremated remains:

Packaging:	Delivery:
<input type="checkbox"/> Urn _____	<input type="checkbox"/> Hold for pickup
<input type="checkbox"/> Temporary Container	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Other	_____

**Signature:**

**Name:**

**Address:**

**State/Zip**

If the undersigned authorizes the Crematory to deliver the cremated remains via any postage or common carrier, they agree to have assumed all liability for any damages that may arise from any cause growing out of said delivery and will indemnify and hold harmless the Crematory and Funeral Home from any and all claims related to such delivery.

**I certify that I am related to the decedent as/or that I otherwise serve in the capacity of: \_\_\_\_\_ to the decedent.** I have the right to authorize this cremation and disposition of the cremated remains. **I state that there is no one with superior right to me to authorize this cremation and I have informed all parties with equal right to my own and have received their full and unconditional consent for the cremation.** I understand that due to the nature of the cremation process any valuable materials or objects including jewelry and dental metals will be either destroyed or not recoverable. All metal removed after processing will be disposed of/recycled according to the Crematory's policies. **Any personal possessions accordingly have either been removed or left with the intention of them being destroyed.**

As the Authorizing Agent, I hereby agree to indemnify, defend, and hold harmless the Funeral Home and Crematory, their officers, agents, and employees, of an from any and all claims, demands, causes or causes of action, and suits of any kind, nature and description, in law or equity, including any legal fees, costs and expenses of litigation, arising as a result of, based upon or connected with this authorization, including the failure to properly identify the decedent or the human remains transmitted to the crematory, the processing, shipping and final disposition of the decedent's remains, any damage due to harmful or explosive implants, claims brought by any other person(s) claiming the right to control the cremation or disposition of the decedent or the decedent's cremated remains, or any other action performed pursuant to this authorization, excepting only acts of willful negligence. In the event of a dispute, I hereby waive my right to a civil trial. Any controversy or claim arising out of or relating to this contract, or the breach thereof, shall be settled by arbitration administered by the American Arbitration Association in accordance with its Commercial [or other] Arbitration Rules, and judgment on the award rendered by the arbitrator(s) may be entered in any court having jurisdiction thereof.

By Executing this Cremation Authorization, as Authorizing Agent(s), the undersigned warrant that all representations and statements contained on this form are true and correct, and statements contained on this form are true and correct, that these statements were made to induce the crematory to cremate the human remains of the decedent, and that the undersigned have read and understand the provisions contained within this document.

Signature of Funeral Director