RIO GRANDE CREMATORY AUTHORIZATION FORM

305 Calle Salazar, Espanola, NM 87532 (800) 443-4854

The undersigned hereby authorizes the Rio Grande Crematory to cremate the remains of:

First Name, Middle Initial and Last Name of decedent The undersigned represents, certifies under pena	lty of perjury, and un	Date of Death Iderstands the following:	
1. That he/she directs the cremation, interment and/or disposition of said remains a any and all loss, cost or damages it or they may suffer or incur by reason of acing harmless for disposing of unclaimed cremains after one year.			
2. That the remains delivered to the crematory are those only of the deceased name	ed herein.		
3. That the Office of the Medical Investigator's signed cremation permit will accomp	any the body.		
4. That the deceased has not had a heart pacemaker implanted, or radiation producing implant device, or any other life-sustaining device that could be explosive. Or, if such device exists, he/she agrees to have the Funeral Director or others remove it before cremation. He/she also understand that in the event of failure to notify the Funeral Director or others responsible for the removal of such a device, he/she will liable for any damages to the crematory or injury to crematory personnel.			
5. That ALL non-combustible materials delivered with the body will NOT be returned wit	with the cremated remains, but v	vill become property of, and be disposed by the crematory.	
6. I understand that if it is the intention to save ANY items, it is my responsibility to remove them before cremation.			
7. The undersigned understands the cremated remains (hereafter referred to as the or other container. In the event the capacity of the urn or other container is insuf disposition of the remaining cremains at its discretion, unless otherwise instructed in	ficient to accommodate all of the		
8. That all charges are to be paid prior to cremation.			
9. That the Rio Grande Crematory will perform cremation of the body, and no warranties expressed or implied are made, and damages shall be limited to the fee paid.			
10. When cremating, Rio Grande Crematory will exercise reasonable efforts in keeping cremated remains separate. However, because it is impossible to guarantee or warrant that some bone particles or the residue of one cremation could not possibly be mixed with those of another cremation, I specifically give express permission for: A) The cremation to take place including incidental or inadvertent commingling of the cremains with residue of prior cremations. B) The processing of the cremains including crushing or grinding and incidental commingling of the cremains with residue from processing other cremains. 11. If the undersigned authorizes the crematory to deliver the cremains via Registered U.S. Mail, he/she does herby agree to assume all liability for any damages that may arise			
from any cause growing out of said delivery and to indemnify and hold harmless the offee will be charged for packaging, certified postage, and mailing to any location with			
12. It is the responsibility of the family, not the crematory, to make sure all require notify Rio Grande Crematory whenever any of the information provided changes pri		also the responsibility of the family, not the crematory to	
Signature/Print Name		Relationship	
Address		Date signed	
VCKNON	VLEDGEMENT		
State of}	VELDGEWIENT		
County of}			
I,, certify tha	t	signed the foregoing	
document willingly and freely in my presence and the signat	ture is genuine.		
Subscribed and sworn to before me this	day of	, 20	
Ву	•		
		Notary Public	
SEAL	My Commission ex	My Commission expires	