



FUNERALS, CREMATIONS & MEMORIAL GARDENS

CREMATION AND DISPOSITION AUTHORIZATION

This **Cremation and Disposition Authorization** form must be completed and signed prior to the cremation. Cremation is an irreversible and final process. We will be honored to answer any questions you may have about the cremation process or other applicable information relevant to the cremation of your loved one.

Legal Name of Decedent: _____ Sex: _____ Age: _____

Date of Birth: _____ Date of Death: _____ Time of Death: _____

Place of Death (City and State): _____ Contract Number: _____

Identification of Authorizing Agent(s) or Representative(s) (Please mark accordingly)

I hereby certify that I am the surviving spouse: Name: _____

I/We hereby certify that there is no surviving spouse and I am the only child/we are the children of the decedent and are 18 years of age or older. State law mandates that a majority representation of the surviving adult children is required to proceed forward with disposition. **HOW MANY ADULT CHILDREN?** _____

I/We hereby certify that there is no surviving spouse and no surviving children 18 years of age or older and I/We are parent(s) of the decedent. **HOW MANY PARENTS?** _____

I/We hereby certify that there is no surviving spouse, no surviving children 18 years of age or older, and no surviving parents of the decedent and I/we are **siblings** of the decedent 18 years of age or older. **HOW MANY SIBLINGS?** _____

I hereby certify that I am the next degree of kinship as _____ (grandchild, grandparent, relative, etc. etc.)

I hereby certify that I am the legally authorized representative with express legal authority to control the disposition of the decedent as stated in a written declaration AND have provided a copy of the proper documentation to the funeral home (excluding power of attorney, which expires at death).

Initials	Initials	Initials	Initials

1. IDENTIFICATION OF THE DECEDENT

BECAUSE CREMATION IS IRREVERSIBLE, IDENTIFICATION OF THE DECEDENT IS REQUIRED BY ONE OF THE FOLLOWING METHODS. PLEASE MARK THE METHOD OF IDENTIFICATION CHOSEN

The Authorizing Agent(s)/Representative(s) choose to identify the deceased by **physically viewing the body of the deceased** in the selected cremation container and will positively identify the body as that of the decedent.

The Authorizing Agent(s)/Representative(s) has authorized the funeral home to make identification of the deceased. The Authorizing Agent(s)/Representative(s) will provide a photograph of the deceased to the funeral home in order to facilitate the proper identification of the deceased. **The photograph must be from within the last 12 months and the deceased must not be wearing any hats or facial coverings.**

The Authorizing Agent(s)/Representative(s) has authorized the funeral home to make significant identification of the deceased **through markings and/or any other identifiable description(s) as outlined in Section 1 of the Disclosure Statements.** The Authorizing Agent(s)/Representative(s) further agrees to indemnify and hold harmless the funeral home, its affiliates, their agents, and employees from any and all liability or claims relating to or caused by the use of this type of identification. **This form of identification can only be used in cases where there is significant trauma, advanced stages of decomposition, infant fetal death or when the deceased is otherwise not viewable.**

Initials	Initials	Initials	Initials

2. WITNESS, PRIORITY AND CREMATION SCHEDULING

YES NO To reserve a specific date & time for the cremation to occur, an additional non-refundable fee will be charged. Please mark "yes" or "no" regarding the authorizing agent(s)/representative(s) desire to schedule a **PRIORITIZED** cremation

YES NO The authorizing agent(s)/representative(s) can schedule a time for family members and friends to be present at the crematory when the decedent's cremation occurs, also known as a "witness cremation" for an additional non-refundable fee. Please mark "yes" or "no" regarding the authorizing agent(s)/representative(s) desire to schedule a **WITNESS** cremation

Please provide the names of those who will be attending the witness cremation, if any:

***Cremation will not proceed without all of the named individuals being present**

Date of Cremation: _____ Time of Cremation: _____

Initials	Initials	Initials	Initials

***If a witness and/or priority cremation has not been selected, the crematory is authorized to perform the cremation at its discretion without any further notification to the authorizing agent(s)/representative(s).**

Name of Deceased:

DISCLOSURE STATEMENTS

1. IDENTIFICATION OF THE DECEDENT - Identification via markings/description

Due to the irreversible nature of cremation an Identification of the deceased is required by the funeral home. As an Authorizing Agent(s)/Representative(s), we choose to decline positive identification by viewing or by photograph and further agree to indemnify and hold harmless the funeral home, its affiliates, their agents, and employees from any and all liability or claims relating to or caused by the declining to make positive identification by viewing or by photograph. As Authorizing Agent(s)/Representative(s), we choose to identify our loved one by describing to the funeral home, its agents, staff and individuals, significant markings, and physical description of the deceased. **This type of identification can only be used in cases where there is significant trauma, advanced stages of decomposition, infant fetal demise, or the deceased is otherwise not viewable.**

Legal Name of Deceased: _____

The decedent is determined to be a fetal death. A death certificate will not be issued from the state where the death occurred. The standard identifying characteristics listed below cannot be confirmed. Identification will be confirmed by documentation provided by the hospital and/or Office of the Medical Examiner.

Date of Birth: _____ **Date of Death:** _____ **Age:** _____

Weight: _____ (lbs.) **Height:** _____ (feet / inches) **Eye Color:** _____

Hair Color: _____ **Characteristics of Hair:** _____ (straight, curly, wavy, balding)

Sex: _____ **Race:** _____ **Describe Complexion:** _____

Dental Descriptions (full set of teeth, missing teeth, prognathism, cavities, braces, and or false teeth):

Describe Tattoos (location, type, color): _____

Describe Scars and Location: _____

Describe Birthmarks and Location: _____

Describe Piercings and Location: _____

Identification Through Office of the Medical Examiner Records, Hospital Documentation or Other Documentation:

As an Authorizing Agent(s)/Representative(s) we attest to the above statements that they are true and accurate and grant to the funeral home, its affiliates, staff, agents, and employee's permission to make identification of our loved one based upon these statements.

Signature of Authorizing Agent/Representative: _____

Date of Acknowledgment: _____

Acknowledgment of Funeral Home Staff

I have reviewed the above statements and compared them to the above-named deceased person and find that they match and/or are similar to the above description.

Signature of Funeral Home Employee: _____

Date of Acknowledgment: _____

3. FUNERAL HOME AND CREMATORY

The Authorizing Agent(s)/Representative(s) authorizes the funeral home and crematory set forth below to carry out the instructions and wishes of the Authorizing Agent(s)/Representative(s) contained in this **Cremation and Disposition Authorization**.

Name of Funeral Home: _____

Name of Crematory: _____

4. NOTIFICATION OF INFECTIOUS, CONTAGIOUS, OR COMMUNICABLE DISEASE CONTRIBUTING TO THE CAUSE OF DEATH

YES NO CANNOT BE DETERMINED Did the cause of death occur from a disease declared by the Department of Health to be infectious, contagious, communicable, or dangerous to public health?

Initials	Initials	Initials	Initials

5. PACEMAKERS, IMPLANTS, AND PROSTHETICS

YES NO Do the decedent's remains contain a pacemaker, radioactive implant, silicone/saline implant, or any other device that could be harmful to the crematory?

The following list contains all known existing devices (including all mechanical, radioactive implants, silicone implants, pacemakers, and prosthetic devices) which are implanted in or attached to the decedent:

I have instructed the funeral home to remove any of the above-listed devices which may be harmful to the crematory prior to the cremation of the decedent. I acknowledge that the funeral home will respectfully dispose of all the above-listed devices AND any additional devices that are discovered to be implanted in or attached to the decedent after the conclusion of the cremation.

Initials	Initials	Initials	Initials

6. CASKET OR ALTERNATIVE CONTAINER

The Authorizing Agent(s)/Representative(s) authorizes and directs the funeral home to place the remains of the decedent in the following casket or alternative container for identification, handling, transportation, and cremation:

Initials	Initials	Initials	Initials

7. URN OR TEMPORARY CONTAINER

URN: _____

3rd PARTY RECEPTACLE: _____

**In the case of an adult, it is recommended that the urn or container be a minimum of 200 cubic inches in size.*

TEMPORARY CONTAINER

The Authorizing Agent(s)/Representative(s) authorizes and directs the crematory and funeral home to place the cremated remains of the decedent in the urn/receptacle listed herein.

In the event the volume of cremated remains is more than the urn capacity the Authorizing Agent(s)/Representative(s) authorize and direct the crematory and/or funeral home to place the excess cremated remains in a secondary temporary container for handling and transportation of the cremated remains to the receiving funeral home.

YES NO Does the Authorizing Agent(s)/Representative(s) desire to have the funeral home **divide the cremated remains into multiple urns/receptacles**?

Please list the urns and receptacles that will contain the divided cremated remains:

The Authorizing Agent(s)/Representative(s) acknowledges and agrees that it is impossible to provide equal shares of the cremated remains of the decedent to each of the recipient(s) and, **in the event that the funeral home is dividing the cremated remains**, instructs the funeral home to use reasonable efforts to divide and distribute similar shares of the cremated remains in each of the urns/containers listed above.

Initials	Initials	Initials	Initials

8. FINAL DISPOSITION

The Authorizing Agent(s)/Representative(s) authorizes and directs the funeral home to deliver the cremated remains in the following manner:

Deliver the cremated remains to the following cemetery, where arrangements have been made for permanent placement:

Deliver or Release cremated remains to the following designated individual(s)

Name: _____ Address: _____

Relationship: _____ Phone Number: _____

AND/OR

Name: _____ Address: _____

Relationship: _____ Phone Number: _____

Deliver the cremated remains to the U.S. Postal Service for shipment by Registered, Return Receipt mail to the following address for permanent disposition.

USPS Tracking # _____ (ATTACH COPY OF POST OFFICE RECEIPT)

*By checking this box, I/We release the funeral home/crematory from any and all responsibility upon delivery of the remains to a common carrier.

***If the Authorizing Agent(s)/Representative(s) has not taken action to ensure the successful disposition of the cremated remains and the cremated remains are still in possession of the funeral home after 30 days, the Authorizing Agent(s)/Representative(s) authorize the funeral home to carry out final disposition of the decedent under the direction of the rules and regulations outlined by the state in which the death occurred. The Authorizing Agent(s)/Representative(s) shall be liable for the cost of the final disposition**

Initials	Initials	Initials	Initials

9. PERSONAL PROPERTY

All personal property and effects delivered with the remains of the decedent to the crematory, including but not limited to jewelry, clothes, hairpieces, dental bridgework, eyeglasses, and shoes will be destroyed, recycled, or otherwise discarded by the crematory at its sole discretion, unless specific instructions for return of personal property to the Authorizing Agent(s)/Representative(s) are given below.

Items To Be returned To Authorizing Agent(s)/Representative(s) Include:

Initials	Initials	Initials	Initials

10. THE CREMATION PROCESS

Cremation is performed to prepare the deceased for memorialization. The funeral home places the human remains of the decedent in a combustible casket or other container and delivers it to the crematory. The crematory will then put the casket or container and the human remains into the cremation chamber. **All cremations are performed individually.** Incineration of the container and contents is accomplished by substantially increasing the temperature in the cremation chamber until combustion is obtained. After approximately three hours all substances are consumed or driven off, except bone fragments (calcium compounds) and metal, as the temperature is not sufficiently high enough to consume them. The human body burns with the casket, container, or other material in the cremation chamber. Some bone fragments are not combustible at the incineration temperature and, as a result, remain in the cremation chamber. During the cremation, the contents of the chamber may be moved to facilitate incineration. The chamber is composed of ceramic or other material which disintegrates slightly with each cremation and the product of that disintegration is commingled with the cremated remains. Nearly all of the contents of the cremation chamber, consisting of the cremated remains, disintegrated chamber material, and small amounts of residue from previous cremations are removed together and crushed, pulverized, or ground to facilitate inurnment or scattering. Some residue remains in the cracks and uneven places of the chamber. The accumulation of this residue is removed and disposed of and will not be returned or included as part of the cremated remains. 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/or not removed from the casket or container prior to cremation will be destroyed or will otherwise not be recoverable. As the casket or container will usually not be opened by the crematory, the Authorizing Agent(s)/Representative(s) understand that arrangements must be made with the funeral home to remove any such possessions or valuables prior to the time that the decedent is transported to the crematory.

I/We certify that I/We have read and understand the process of cremation as outlined above.

Initials	Initials	Initials	Initials

11. INDEMNIFICATION AND AUTHORIZATION TO CREMATE

The Authorizing Agent(s)/Representative(s) acknowledges that the funeral home and the crematory are relying upon the representations being made by the Authorizing Agent in this authorization. The Authorizing Agent(s)/Representative(s) certifies that all of the information and statements contained in the Authorization are accurate and no omissions of any material fact have been made. The Authorizing Agent(s)/Representative(s) agrees to indemnify and hold harmless the funeral home and the crematory, their officers, directors, employees and agents from any and all claims, demands, actions, causes of action or suits of any kind or nature whatsoever, including, but not limited to, any legal fees arising out of or resulting from the funeral home and the crematory's reliance on or performance consistent with the directions, statements, representatives and agreements contained in the Authorization.

The following individuals have been identified as the Authorizing Agent(s)/Representative(s) with full legal rights to control the disposition of the decedent, as noted on page 1:

As Authorizing Agent(s)/Representative(s), I/We authorize the cremation, processing, and pulverization of the remains of the decedent. I/We further authorize the funeral home to deliver the decedent's remains to the crematory for the purpose of the cremation.

Authorizing Agent/Representative: _____ **Relationship:** _____

Address: _____ **Telephone:** _____

Signature of Authorizing Agent/Representative: _____ **Date:** _____

Authorizing Agent/Representative: _____ **Relationship:** _____

Address: _____ **Telephone:** _____

Signature of Authorizing Agent/Representative: _____ **Date:** _____

Authorizing Agent/Representative: _____ **Relationship:** _____

Address: _____ **Telephone:** _____

Signature of Authorizing Agent/Representative: _____ **Date:** _____

Authorizing Agent/Representative: _____ **Relationship:** _____

Address: _____ **Telephone:** _____

Signature of Authorizing Agent/Representative: _____ **Date:** _____



Name of Funeral Director or Arranger: _____ **License #:** _____

Signature of Funeral Director or Intern: _____ **Date:** _____



FUNERALS, CREMATIONS & MEMORIAL GARDENS

Cremation Verification Checklist and Approval

IDENTIFICATION

Legal Name of Decedent: Service Date and Time:

Funeral Home:

The Authorizing Agent(s)/Representative(s) has viewed and positively identified the remains of the decedent in the casket, ceremonial/tribute casket, insert or alternative container that will be used in transporting, handling and cremation of the decedent's remains.

The Authorizing Agent(s)/Representative(s) has authorized the funeral home to identify the remains of the decedent by a photograph provided by the Authorizing Agent(s)/Representative(s) that was taken within a year of the date of death.

The Authorizing Agent(s)/Representative(s) has authorized the funeral home to make identification by significant markings/description and agrees to fully indemnify and hold harmless the funeral home from all damages directly or indirectly arising from this type of identification. This form of identification can only be used in cases where there is significant trauma, advanced stages of decomposition, infant fetal death, or when the deceased is otherwise not viewable.

The Authorizing Agent(s)/Representative(s) acknowledges that the funeral home is relying upon the accuracy and truthfulness of the representations and warranties of the Authorizing Agent(s)/Representative(s) made above. The Authorizing Agent(s)/Representative(s) agrees to indemnify and hold harmless the funeral home from any claims or causes of action arising or related in any respect to this claim of authority to perform the disposition or the funeral home's reliance upon written authorization from the Authorizing Agent(s)/Representative(s) thereof.

Signature of Person Making Identification: Relationship to Deceased:

Funeral Home Professional Witness:

CREMATION VERIFICATION CHECKLIST (Initial Each Item)

Standard of Care (Initial each item)

Arranger Manager Operator Type of Care: Embalming Standard of Care Autopsy/Donor Repair Minimal Care Declined

Death Certificate and Cremation Authorization Permit (Initial Each Item)

Arranger Manager Operator Copy of Registered Death Certificate Attached (Write N/A if OMI or infant with no death certificate issued) Copy of Registered Cremation Permit Attached (Write N/A if no permit will be issued) Legal Name, Sex, and Race of Deceased Match Information Found On The Authorization, Death Certificate, Cremation Permit.

Identification Verification (Initial Each Item)

Arranger Manager Operator Green Band Has Been Placed On Deceased And Signed By Person Performing Identification. Name On Cremation Container Matches the Authorization, Death Certificate, and Cremation Permit. Service Date And Time Are Compatible With The Crematory Schedule (Write N/A if no service after cremation).

Cremation Authorization (Initial Each Item)

Arranger Manager Operator Appropriate Authorizing Agent(s)/Representative(s) Have Signed Authorization. Prosthetics Removed: Pacemaker Silicone Implants Medical Pain Pump Other None Cremated Remains Are Being Divided Into Multiple Urns/Keepsakes? Yes No All Urns/Keepsakes Have Been Ordered As Noted On Funeral Home Contract. Confirm That Deceased Has Been Placed In Their Proper Cremation Casket Or Alternative Container. Confirm Who Cremated Remains Will Be Released To (See Section 8 of the Authorization). If Applicable - Release of Right to Control Disposition Or Other Cremation Documentation (Please List And Attach) Personal Effects Listed In (Section 9 of The Authorization) Are No Longer With The Decedent. Funeral Home Team Member Has Initialed The Cremation Container? Will There Be A Witness Cremation? Yes No Witness Cremation Acknowledged By Crematory Operator: Crematory Operator Has Removed Yellow and Green Identification Bands And Attached Them To The Chain Of Custody Form With The Blue Band Signifying Total Cremation Approval.

As the funeral arranger, manager, and operator I hereby attest to the fact that I have personally verified all items pertaining to the checklist and can confirm that these items have been completed. I further attest that all documentation has been reviewed and scrutinized to the best of my ability to ensure the accuracy of all documentation presented.

Arranger: License #: Manager: Manager License #:

Operator: UIS#: Date of Cremation:

AUTHORIZING AGENT(S)/REPRESENTATIVE(S) RECEIPT OF CREMATED REMAINS

As the Authorizing Agent(s)/Representative(s) or designated representative, I/we acknowledge receipt of the cremated remains of the decedent and release the funeral home of further responsibility for the protection and safekeeping of the deceased. (Attach a photocopy of legal identification)

Signature of Person Receiving Cremated Remains: Relationship:

Funeral Home Representative Signature:

Type of Government Issued Identification: Document #:

Date: Time:

Funeral Home Representative Acknowledgment That Cremated Remains Have Been Delivered To The Post Office (Initials Only)

Name of Deceased:



FUNERALS, CREMATIONS & MEMORIAL GARDENS
DECEDENT CHAIN OF CUSTODY

Place
Cremation
Identification
Bands Here

RECEIPT BY THE CREMATORY

I acknowledge having received the physical remains of the deceased encased in the selected cremation container or casket and accept full responsibility for their care and security while at the crematory.

Operator: _____ Date: _____ Time: _____

SECURING OF CREMATED REMAINS

As instructed in the Authorization to Cremate, I have delivered the cremated remains to the funeral home and have placed them in the designated, secure area and have completed the cremation log.

Operator: _____ Date: _____ Time: _____

Name of Deceased: