

AUTHORIZATION FOR CREMATION AND DISPOSITION

**NOTICE: THIS IS A LEGAL DOCUMENT. IT CONTAINS IMPORTANT PROVISIONS CONCERNING CREMATION.
CREMATION IS IRREVERSIBLE AND FINAL. READ THIS DOCUMENT CAREFULLY BEFORE SIGNING.**

I/We, the undersigned, certify, warrant and represent that I/we have the full legal right and authority to authorize the cremation, processing and disposition of the remains of _____ (hereinafter referred to as the "Deceased").
(Name of Deceased)

Date of Birth _____ Date of Death _____ Social Security # _____ Time of Death _____ AM. P.M.

I/We am/are not aware of a person who has a superior priority right or am/are not aware of a person of equal priority who disagrees with authorizing the cremation. I/We hereby request and authorize _____ Heritage Cremation Provider _____ (hereinafter referred to as the "Funeral Home") to take possession of and make arrangements for the cremation of the remains of the Deceased at _____.
(Name of Funeral Home) (Name of Crematory to be Completed by Funeral Home)

_____ Street _____ City _____ State _____ Zip _____ Telephone Number _____
(hereinafter referred to as the "Crematory"), and I/we give the Crematory the authority to cremate the remains of the Deceased upon receipt of the Deceased's remains from the Funeral Home.

I/We hereby authorize the Crematory to return the cremated remains of the Deceased to the possession and custody of the Funeral Home. I/We understand that the services and obligations of the Crematory shall be fulfilled when the cremated remains of the Deceased are returned to the possession and custody of the Funeral Home. I/We hereby authorize the Funeral Home to arrange for the disposition of the cremated remains of the Deceased as follows:

Description of urn or container selected: Basic Receptacle Suitable for Shipping: Yes No

Deliver to _____
(Name and Address of Cemetery)

Release to the following individual(s): _____
(Name of Designated Individuals to Receive Cremated Remains)

Scattering at Sea by Funeral Home or Funeral Home's Agent _____

Ship Via _____

To: Name _____ Address _____

Other _____

***Funeral Home and Crematory are not responsible for any loss or damage of cremated remains shipped via Registered Mail with the United States Postal Service. I/We agree to release and hold Funeral Home and Crematory harmless from any and all claims related to such shipping.**

To the best of my/our knowledge, the Deceased _____ did _____ did not have an infectious, contagious, or communicable disease or a disease declared by the Department of Health and Environmental Control to be dangerous to the public health.

The undersigned acknowledges and agrees that the cremation, processing and disposition of the remains of the Deceased authorized herein shall be subject to the following terms and conditions:

1. The remains of the Deceased will not be accepted for cremation unless received by the Crematory in a combustible, leak resistant, rigid cremation container. The Crematory is authorized to remove and dispose of handles, ornaments and any other noncombustible items attached to the cremation container prior to cremation. In the event the remains of the Deceased are received by the Crematory in a casket or other container constructed of metal, fiberglass, or other noncombustible materials, I/we authorize the remains of the Deceased to be removed prior to cremation and placed in a combustible cremation container. I/We further authorize the Funeral Home or Crematory to make disposition of any such noncombustible casket in any lawful manner it deems appropriate.
2. Mechanical or radioactive devices implanted in the remains of the Deceased (such as pacemakers, etc.) may create a hazard when placed in the cremation chamber. The Crematory will not cremate any human remains which contain any type of implanted mechanical or radioactive device. In the event the remains of the Deceased contain such a device, I/we hereby authorize the Funeral Home, its agents and associates, to remove any such mechanical devices from the remains of the Deceased prior to cremation, and dispose of such items at its discretion. I/WE HEREBY CERTIFY THAT THE REMAINS OF THE DECEASED _____ **DO** _____ **DO NOT** CONTAIN ANY TYPE OF IMPLANTED MECHANICAL OR RADIOACTIVE DEVICE.

(Please Initial One)

Listed below are all implanted mechanical and radioactive devices which the Funeral Home is authorized to remove from the remains of the Deceased prior to cremation and dispose of as indicated:

Description of Implanted Device	Disposition
Description of Implanted Device	Disposition

If no instruction for disposition is given, such items may be disposed of at the discretion of the Funeral Home.

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3. The following items of value are to be delivered to the Crematory and handled as follows: _____
I/We acknowledge that neither the Funeral Home nor the Crematory is responsible for removing any item of value (such as jewelry) from the remains prior to the cremation process, and I/We agree to hold harmless Funeral Home and Crematory from any liability for the destruction or loss of any such item.
4. I/We understand that certain items, including, but not limited to, body prostheses, dentures, dental bridgework, dental fillings, jewelry, and other personal articles accompanying the remains of the Deceased, may be destroyed during the cremation process. I/We authorize that if any items, other than the cremated remains of the Deceased, are recovered from the cremation chamber, they may be separated from the cremated remains of the Deceased and disposed of by the Crematory. I/We further hereby authorize the Crematory to separate and remove from the cremation chamber all noncombustible materials, including, but not limited to, hinges, latches, nails, jewelry and precious metals, and to dispose of such materials.
5. Following cremation, the cremated remains of the Deceased, consisting primarily of bone fragments, will be mechanically pulverized to an unidentifiable consistency prior to placement in an urn or other container.
6. In the event the urn or container is insufficient to accommodate all of the cremated remains of the Deceased, any excess cremated remains will be placed in a secondary container and returned to the Funeral Home, together with the primary urn or container.
7. I/We understand and acknowledge that, even with the exercise of reasonable care and the use of the Crematory's best efforts, it is not possible to recover all particles of the cremated remains of the Deceased, and that some particles may inadvertently become commingled with particles of other cremated remains remaining in the cremation chamber and/or other devices utilized to process the cremated remains. I/We hereby authorize the Crematory to dispose of any such residual particles in any lawful manner it deems appropriate.
8. In the event the cremated remains of the Deceased remain unclaimed for a period of 30 days after the cremated remains are available to be retrieved by the person designated on the Authorization for Return of Cremated Remains form, the Funeral Home shall give written notice by Certified Mail to me/us and to the person designated on the Authorization for Return of Cremated Remains form. I/We agree that in the event the cremated remains of the Deceased remain unclaimed for a period of 30 days after the date such written notification is mailed, the Funeral Home is authorized and directed to mail the unclaimed cremated remains of the Deceased by Registered Mail via United States Postal Service to the individual designated on the Authorization for Return of Cremated Remains form.
9. I/We agree to indemnify, release and hold the Crematory, Funeral Home, their affiliates, agents, employees and assigns, harmless from any and all loss, damages, liability or causes of action (including attorneys' fees and expenses of litigation) in connection with the cremation and disposition of the cremated remains of the Deceased, as authorized herein, or my/our failure to correctly identify the remains of the Deceased, disclose the presence of any implanted mechanical or radioactive devices, or take possession of, or make permanent arrangements for, the disposition of such remains.
10. Except as set forth in this Authorization, no warranties, expressed or implied, are made by the Funeral Home, Crematory, or any of their respective affiliates, agents, or employees.

SIGNATURE OF PERSON(S) AUTHORIZING CREMATION AND DISPOSITION

I/We warrant that all representations and statements made herein are true and correct, and that I/we have read and understand the provisions contained in this document.

Signature _____
Print Name _____ Relationship to Deceased _____

Address _____ Tel. No. (_____) _____
Street City State Zip

Signature _____
Print Name _____ Relationship to Deceased _____

Address _____ Tel. No. (_____) _____
Street City State Zip

Signature _____
Print Name _____ Relationship to Deceased _____

Address _____ Tel. No. (_____) _____
Street City State Zip

WITNESS _____ Date _____ 20, _____
Signature _____ Print Name _____

Authorization for Return of Cremated Remains

The undersigned, who is the person legally entitled to control the disposition of the remains of _____ (the "Decedent"), hereby agrees that if an authorized agent listed on the *Authorization For Cremation and Disposition* form has not taken possession of the cremated remains of the Decedent within 60 days of being notified that they are ready for pick-up, then _____ Heritage Cremation Provider (the "Funeral Home") is hereby authorized and instructed to send those cremated remains by United States registered mail with return receipt service to

Printed Name of Individual to Receive Cremated Remains

Street Address

City, State and Zip Code

Phone Number

The undersigned hereby agrees to bear the costs of such shipping and further agrees to release, indemnify and hold the Funeral Home harmless against any and all liabilities, claims, damages or expenses in the event that the cremated remains and/or their container are damaged or lost during such shipping. In the event that the remains are rejected or the postal service is otherwise unable to accomplish delivery, the funeral home is hereby authorized to dispose of those remains in any lawful manner.

Signature of Authorized Representative

Signature of Authorized Representative

Printed Name of Authorized Representative

Printed Name of Authorized Representative

Relationship to Decedent

Relationship to Decedent

Date

Date

Signature of Funeral Home Representative

IDENTIFICATION ACKNOWLEDGEMENT

Name of Funeral Home (the "Funeral Home")	Heritage Cremation Provider
Name of Decedent (the "Decedent")	

VISUAL IDENTIFICATION CONFIRMATION

The undersigned, having viewed the remains of the Decedent, does hereby identify the same as the body of the Decedent. Ample time has been given the undersigned to confirm proper identification prior to the execution of this document and by his/her signature below; the undersigned acknowledges that there is no doubt or question about this identification.

The undersigned assumes all liability for incorrect identification, and does hereby agree to indemnify, defend and hold the funeral home identified above, all its officers, agents and employees, harmless from any and all claims, damages, liabilities and costs (including reasonable attorney's fees) which may arise if this identification is inaccurate.

Print Name		Relationship to the Decedent	
Signature		Date	Time
Address			
City, State and Zip Code			

Witness of the Identification Procedure

Witnessing of the identification of procedure must be accompanied by a Funeral Home representative (i.e. funeral director, receptionist, etc.) not by another family member, friend or institutional employees knowing the Decedent.

Funeral Home Representative Name	Date	
Signature	Title	

CONFIRMATION OF IDENTIFICATION WITHOUT VIEWING

I, having declined to make identification through actual viewing of the Decedent, hereby agree to indemnify, defend and hold harmless the Funeral Home its owners and affiliates and their respective officers, directors, employees, agents, successors and assigns from any and all claims, liabilities, damages, losses, costs, expenses or causes of action (including attorney's fees and expenses of litigation) brought by any person, firm or corporation or the personal representative thereof, relating to or arising out of any inaccurate identification.

Print Name		Relationship to the Decedent	
Signature		Date	
Address			
City, State and Zip Code			
Witness Print Name			
Witness Signature			

TO BE COMPLETED BY FUNERAL HOME REPRESENTATIVE IF VIEWING IS DECLINED BY RESPONSIBLE PARTY:

Reason Viewing Not Performed	
Describe Alternative Methods Used to Confirm Identification (i.e. recent photographs*, scars, tattoos):	
Name of Person Providing Information	

Printed Name of Representative Confirming Identification	Date	
Signature	Title	Date

*ATTACH SUPPORT OF IDENTIFICATION DOCUMENTS TO THIS FORM