

Phoenixville Crematory, Inc.
Main Street at Fifth Avenue, Phoenixville, PA 19460
(610) 933-3572

AUTHORIZATION TO CREMATE

The undersigned (the "Authorizing Agent(s) or A.A.") here authorize(s) Phoenixville Crematory, Inc. (the "Crematory"), in accordance with any applicable state or local laws or regulations, to cremate the remains of:

_____ (the decedent) Date of Birth: _____ Age: _____

Date of Death: _____ Time of Death: _____ AM / PM Gender: _____ Race: _____

Place of Death: _____ County: _____ State: _____

The Authorized Funeral Home ("the Funeral Home") is: _____

I/We hereby certify and agree to the following:

- a. I/We or our agent have identified the human remains that were delivered to the Funeral Home as the decedent and have authorized the Funeral Home to deliver the decedent to Phoenixville Crematory Inc. for this cremation.
- b. I/We are over the age of 18 and the next of kin and/or have authority to sign and give permission for this cremation.
- c. Phoenixville Crematory, Inc. is authorized to perform the cremation upon receipt of the remains, at its discretion, and according to its own scheduling, as work permits, without any further notification of Authorizing Agent or instruction.
- d. Due to the cremation process, any materials, such as dental gold, etc., will either be destroyed or be beyond recovery and will be recycled per Cremation Association of North America standards. Any personal property will be destroyed by the cremation process. All personal property that the A.A. desires to keep has been removed prior to delivery.
- e. All implanted pacemakers, radiation devices, or other implanted medical devices that could be explosive or harmful have been removed from the decedent prior to delivery for cremation.
- f. The undersigned agree(s) to defend, indemnify, and hold harmless, the Crematory and its representatives from any and all liability whatsoever in performing this cremation and agrees to be liable for any damages to the crematorium or injury to its personnel if any implanted medical device explodes or causes damage.
- g. The undersigned state(s) that the decedent ☐ does / ☐ does not have contagious diseases: _____
- h. The decedent does not weigh over 500 pounds.

Initials of A.A. _____

DISPOSITION OF CREMATED REMAINS

- ☐ Release to the possession and custody of the Funeral Home within 10 days from the date of cremation
- ☐ Deliver via United States Postal Service standards (additional fee) to: _____

Type of Urn/Container Desired: _____

Inscription Notes: _____ Initials of A.A. _____

In the event the cremated remains is not picked up by the Funeral Home or delivered via USPS within 30 days of the cremation, the A.A. authorize the Crematory to inter the cremated remains in a non-recoverable grave or spread/scatter them in a non-recoverable manner.

Initials of A.A. _____

I/We assume all liability that may arrive from shipment and hold the Phoenixville Crematory Inc. harmless from any and all claims that may arise therefrom.

Initials of A.A. _____

LIMITATION OF LIABILITY

As the Authorizing Agent(s), I/We hereby agree to indemnify, defend, and hold harmless the Phoenixville Crematory, Inc., and/or the Funeral Home, their officers, agents, and employees, of and from any and all claims, demands, causes or causes of action, and suits of every 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 transported to Phoenixville Crematory, Inc., the processing, shipping, and final disposition of the decedent's cremated remains, the failure to take possession of or make proper arrangements for the final disposition of the cremated remains, any damage due to harmful or explosive implants, claims brought by any other person(s) claiming the right to control the disposition of the decedent or the decedent's cremated remains, or any other action performed by Phoenixville Crematory, Inc. and/or the Funeral Home, their officers, agents or employees, pursuant to this obligation. The obligation of Phoenixville Crematory, Inc., shall be limited to the cremation of the decedent and the disposition of the decedent's cremated remains as authorized on this form. **No warranties, expressed or implied, are made, and damages are limited to the amount of the cremation fee paid.**

Initials of A.A. _____

SIGNATURE OF AUTHORIZING AGENT(S)

I/We the undersigned, hereby certify that I/we are the closest living next-of-kin of the decedent and that I/we are related to the decedent as his/her _____ or that I/we otherwise served(d) in capacity of _____ to the decedent, that I have charge of the remains of the decedent and as such possess full legal authority and power, to execute this authorization form and to arrange for the cremation and disposition of the cremated remains of the decedent. In addition, there is no obligation to this cremation by any interested party, including spouse, child, parent or sibling. The Authorizing Agent acknowledges that the Funeral Home and Crematory are relying upon the representations being made by the Authorizing Agent in this authorization. The Authorizing Agent 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 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 actions 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's and the Crematory's reliance on or performance consistent with the directions, statements, representation and agreements contained in the Authorization.

Signature(s): _____

The authorized Funeral Home has received permission as needed for the cremation to take place and has no reason to believe that any of the above family provided information is incorrect.

Signature of Funeral Director: _____