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.

CREMATION: I hereby request and authorize **BELLA VISTA FUNERAL HOME AND CREMATORY** to cremate and process the cremains of:

NAME: _____AGE:_____ SEX:____

STREET_____

CITY: _____STATE:_____ZIP:_____

Who died on _____20 _____at _____ a.m./p.m.

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DISPOSITION: I hereby direct **BELLA VISTA FUNERAL HOME AND CREMATORY** to dispose of the cremated remains as follows:

FORWARD TO: _____
NAME

_____
Address City State Zip

OR _____
Other instructions

(If other disposition is desired, please specify. In absence of specific instructions BELLA VISTA FUNERAL HOME AND CREMATORY will store cremated remains for up to 90 days from the above date. If the family hasn't directed the Funeral Home or crematory as to their decision about disposition of cremated remains, the cremated remains will be forwarded to address of the surviving spouse, or in care of the person who is authorizing cremation. The **authorizing agent** agrees to pay any charges associated with forwarding the cremated remains by registered mail.)

PACEMAKERS:
If such a device exists, it could be explosive and I have instructed the funeral director or others to remove it before cremation. I also agree that in the event of my failure to notify the funeral director or any others responsible for the removal of such a device, I will be liable for any damages to the crematory or injury to crematory personnel. The AUTHORIZING AGENT understands that the CREMATORY will gather and ship pacemakers to Iowa State University, Cardiology Department or recycling company. If there is compensation by the University or recycling company for retrieving the pacemaker and shipping to the University or recycling company. All such compensation paid to the FUNERAL HOME shall be donated to a local charitable organization.

DEACEASED DOES_____ DOES NOT_____ CONTAIN ANY TYPE OF IMPLANTED MECHANICAL OR RADIOACTIVE DEVICE.
Description of mechanical device: _____Disposition:_____ _____ (Initials)

RECYCLING OF METAL: Following the cremation process, the CREMATORY uses its best efforts to remove from the cremated remains non-combustible materials such as dental bridgework, implanted medical devices, and metal hinges, latches and nails from the container. Typically, this non-combustible material is disposed of as waste. However, in case of certain metals that are part of the DEVICE, such as titanium, third party companies will recycle this metal. With the express permission of the AUTHORIZING AGENT, this metal will be sent to a recycling company. The AUTHORIZING AGENT understands that the CREMATORY is compensated by the recycling company for retrieving the metal and shipping it to the recycling company. All such compensation paid to the FUNERAL HOME shall be donated to a local charitable organization.

DEACEASED DOES_____ DOES NOT_____ CONTAIN ANY TYPE OF IMPLANTED MECHANICAL OR RADIOACTIVE DEVICE.
Description of mechanical device: _____Disposition:_____ _____ (Initials)

ADDITIONAL SIGNATURES REQUIRED ON REVERSE SIDE

CERTIFICATION & INDEMNIFICATION:
I certify and represent that the remains delivered to you for cremation are those of the deceased named above and that I have full power to give the above CREMATION and DISPOSITION AUTHORIZATION. I understand that due to the nature of the cremation process any valuable material, including dental gold, will either be destroyed or not be recoverable. Any personal possessions accordingly have either been removed or may be destroyed. I further agree that I will indemnify and hold harmless the Crematory, Funeral Home and Director, their officers and employees from any liability, costs, expenses or claims resulting from this authorization.

AUTHORITY OF AUTHORIZING AGENT: As Authorizing Agent, I represent that I have the right to authorize the cremation of the Decedent's remains and I am initialing one of the following four statements accordingly:

____ (Initials) I certify that I do not have actual knowledge of any living person who has a superior or equal right to act as the Authorizing Agent

OR

____ (Initials) There is another living person(s) listed below who has a superior or equal right to act as Authorizing Agent. That person(s) has provided me with written permission to serve as Authorizing Agent.

OR

____ (Initials) There is another living person(s) listed below who has a superior or equal right to act as Authorizing Agent. I have made all reasonable efforts to contact such person(s), but have been unable to do so. I have no reason to believe that such person(s) would object to the cremation of the Decedent's remains.

Name(s) of other person: _____

OR

____ (Initials) If the cremation is being performed pursuant to a Pre-Need Cremation Authorization which is executed in accordance with the Arkansas Final Disposition Rights Act of 2009, the original form shall be attached to this form in lieu of the following statements concerning the authorization of the cremation.

Date _____ _____
Signature of Authorizing Agent(s)

Witness: _____ _____
Signature Name please print

_____ _____
Name – please print Relationship/Authority

Bella Vista Funeral Home & Crematory, Inc _____
Arranging Funeral Home Street Address

_ _____ _____
Director License# City State Zip

Bella Vista AR _____
City State Area Code Telephone #

It is further noted the funeral home certifies a death certificate for the above deceased has been completed and filed with the registrar in the county of _____ as required by _____statutes.

Cremform 2013

Crematory use only:

Cremation # _____
Date: _____
Time: _____
Receptacle: _____