

**Carrillo's Tucson Mortuary**

**204 S Stone Ave, Tucson, AZ 85701 520-622-7429**

**Authorization:** I/we, the undersigned "Authorizing Agent(s)" certify, warrant and represent the I/We have the full legal right and authority to authorize the cremation, processing and disposition of the deceased. I/We hereby authorize Carrillo's Tucson Mortuary, in accordance with and subject to its Rules and Regulations to cremate the human remains of \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date of Death \_\_\_\_\_ Place of Death \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

Initials of Authorizing Agent \_\_\_\_\_

**Pacemakers, Prostheses, Mechanical or Radioactive Implants:** Carrillo's Tucson Mortuary will not cremate pacemakers or radioactive implants, these items must be removed prior to cremation. Metal implants will be disposed of according to law. If the deceased has above mentioned implants, I/We authorize Carrillo's Tucson Mortuary to remove and dispose of said implant. I/We certify the remains \_\_\_\_ DO \_\_\_\_ DO NOT contain any type of mechanical device. Initials of Authorizing Agent \_\_\_\_\_

**Merchandise:**

Type of casket or container selected \_\_\_\_\_

**Witnessing:** \_\_\_\_\_ YES \_\_\_\_\_ No

**Final Disposition:** I/We, the Authorizing Agent(s), authorize Carrillo's Tucson Mortuary to arrange for disposition by means selected:

\_\_\_\_\_ Release to: \_\_\_\_\_

\_\_\_\_\_ Mail to: \_\_\_\_\_

\_\_\_\_\_ Other: \_\_\_\_\_

Initials of Authorizing Agent \_\_\_\_\_

**Limitation of Liability:** I/We agree to indemnify, release and hold harmless Carrillo's Tucson Mortuary, its officers, agents and employees, of any and all legal claims, loss, damages, liability and suits of every kind and nature, including legal fees, costs, and expenses of litigation, arising as a result of the cremation, processing and disposition of the cremated remains, including My/Our failure to properly identify the remains of the deceased, the shipping and final disposition of the cremated remains, or to take possession of, or for any damage due to harmful or combustible devices, claims brought by any person(s) claiming the right to control the disposition of the decedent or the decedent's cremated remains, or any other action performed by Carrillo's Tucson Mortuary, its officers, agents and employees, excepting only acts of willful negligence.

**Authority of Authorizing agents:** I/we certify and represent that we are the closest, living next of kin of the deceased and that I/We possess full legal authority and power, according to Arizona Law, to execute this Cremation Authorization form for the cremation and disposition of the deceased. I/We certify, warrant and represent that all representations and statements contained on this form are true and correct and were made to authorize Carrillo's Tucson Mortuary to cremate said deceased and the I/We are aware of no objection(s) to this cremation by any other legal next of kin.

**Signature of person(s) authorizing cremation and disposition**

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_ Phone number \_\_\_\_\_

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_ Phone number \_\_\_\_\_

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_ Phone number \_\_\_\_\_

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_ Phone number \_\_\_\_\_

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_ Phone number \_\_\_\_\_

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_ Phone number \_\_\_\_\_

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_ Phone number \_\_\_\_\_

Signature of Funeral Director/Counselor \_\_\_\_\_ Date \_\_\_\_\_