Myers-Baker
Funeral & Cremation Services
1903 Market St., Camp Hill, PA
Dustin R. Baker, FD - Supervisor

CAMP HILL'S ONLY FAMILY OWNED
& OPERATED FUNERAL HOME

(717) 737-9961

_____ COUNTY
_____ DISK #
_____ INVENTORY

CREMATION AUTHORIZATION

This cremation authorization must be completed entirely prior to the cremation of human remains. **THIS IS A LEGAL DOCUMENT. READ IT CAREFULLY.** This cremation authorization is not a contract for cremation services. A separate contract(s) will be provided for the purchase of services.

I/We, (the "Authorizing Agent(s)") hereby authorize the, Myers-Baker Funeral & Cremation Services, Inc., 1903 Market Street, Camp Hill, PA, 17011, in accordance with and subject to its rules and regulations, and any applicable state or local laws or regulations, to cremate the human remains of

_____,
(NAME OF DECEDENT)

according to the terms and conditions set forth in this form. (Please complete the following)

Name of Crematory: _____

1. Decedent Information:

Address: _____

Date of Birth: _____

Date of Death: _____

Social Security Number: _____ Sex: Male Female

2. Removal of Mechanical Devices, Pacemakers, Implants, Prosthetics, Etc.:

These and other similar devices including radioactive implants and breast implants may create a hazardous condition when placed into a cremation chamber and subjected to heat and direct flame and must be removed prior to making delivery of the decedent to the crematory. If the presence of any such device is not disclosed, the authorizing agent will be held liable for any and all damages.

☐ As authorizing agent, I(We) instruct the funeral home to remove or arrange for the removal of the following device(s) which are implanted in or attached to the decedent.

_____

_____

☐ The decedent's remains do not contain any of the above mentioned devices.

3. The Cremation Process:

Only human remains will be cremated by the crematory on an individual basis. The decedent is placed into a casket or container which is then placed into the cremation chamber. Through the use of suitable fuel, the decedent and the container are subjected to intense heat that exceeds 1800° F and direct flame with all contents incinerated with the exception of bone fragments and metal (including dental gold or silver and other non-human materials) as the temperature is not sufficient enough to consume these materials. Due to the nature of the cremation process, any personal possessions, left with the decedent prior to the start of the cremation process will be destroyed or otherwise not recoverable. Following the cooling period, the cremated remains are collected. The crematory makes a reasonable effort to remove all of the recoverable cremated remains from the cremation chamber but some dust and other residue from the process will remain in cracks and crevices inside the chamber. After the cremated remains are removed, all non-combustible materials will be separated, removed, and recycled in accordance with CANA (Cremation Association of North America) standards. Unless otherwise specified by the authorizing agent, the skeletal remains will be mechanically pulverized.

4. Casket or Approved Container:

Each decedent to be cremated shall be delivered to the crematory in a cremation container composed of a combustible material, resistant to the escape of bodily fluids, and sufficient for handling with care. The crematory does not accept metal, fiberglass, or plastic caskets or containers for cremation.

Description of Container: _____

5. Urn or Approved Container:

After the cremation is completed, the crematory will place the cremated remains into a container. For the average size adult, this must accommodate a range of 200-250 cubic inches.

Description of Urn/Approved Container: _____

6. Disposition of Cremated Remains:

After the cremation has taken place, the cremated remains have been processed, and have been placed in the designated receptacle, the funeral home will arrange for the release of the cremated remains as follows:

☐ Release cremated remains to authorizing agent(s).

☐ Release remains to a person other than authorizing agent. Please indicate the name of the person who the authorizing agent(s) has permitted to receive the cremated remains:

_____

☐ Interrment in a cemetery or columbarium as selected by the authorizing agent(s).

☐ Shipping by USPS of cremated remains to authorizing agent(s), or person/organization who the authorizing agent(s) has permitted to receive the cremated remains by mail.

7. Authority of Authorizing Agent:

I (We) hereby certify the decedent left the following heirs:

1. Spouse: _____ _____
   MAIDEN NAME

2. Children: _____ _____

   _____ _____

   _____ _____

   _____ _____

3. Parents: _____ _____
   FATHER/PARENT **MOTHER/PARENT**

4. Siblings: _____ _____

   _____ _____

   _____ _____

   _____ _____

5. If none of the above survive the Decedent, the person(s) in the next degree of kinship is:

_____ _____
NAME **RELATIONSHIP**

_____ _____
NAME **RELATIONSHIP**

8. Authorizing Agent Information:

Name: _____

Address: _____

Telephone #: _____

Relationship to Deceased: _____

9. Signature of Authorizing Agent(s):

In witness whereof, and intending to be legally bound, I have executed this cremation authorization on the ____ day, of _____, 20_____ _____

SIGNATURE OF AUTHORIZING AGENT

If the survivors of the decedent are of equal or greater degree of consanguinity than the authorizing agent, such survivors should sign below, indicating their approval of the authorizing agent's statements contained herein.

1. _____ _____
PRINTED NAME **SIGNATURE**

_____ _____
RELATIONSHIP **DATE SIGNED**

2. _____ _____
PRINTED NAME **SIGNATURE**

_____ _____
RELATIONSHIP **DATE SIGNED**

3. _____ _____
PRINTED NAME **SIGNATURE**

_____ _____
RELATIONSHIP **DATE SIGNED**

4. _____ _____
PRINTED NAME **SIGNATURE**

_____ _____
RELATIONSHIP **DATE SIGNED**

5. _____ _____
PRINTED NAME **SIGNATURE**

_____ _____
RELATIONSHIP **DATE SIGNED**

10. Representations of Funeral Director:

By executing this authorization form as a licensed funeral director and agent/employee of the funeral home indicated above, I warrant to the best of my knowledge, the following:

1. That our funeral home was responsible for making arrangements with the authorizing agent(s) for the cremation of the decedent and that I have reviewed this authorization form with the authorizing agent(s).
2. That no member of our funeral home has any knowledge or information that would lead us to believe that any of the answers provided on this form, by the Authorizing Agent, are incorrect.
3. That our Funeral Home obtained all necessary permits authorizing the cremation of the decedent and that those permits are attached.
4. That the human remains delivered to the crematory and represented as the human remains specified on this form are in fact the human remains that were identified to our funeral home as the decedent.

The Myers-Baker Funeral & Cremation Services represents to the crematory the following documents attached to this cremation authorization are true and correct.

Signature of Licensed Funeral Director: _____

Name & License Number of Funeral Director: _____

11. Limitation of Liability:

As the Authorizing Agent(s), I (we), hereby state that the information and statements made by me are true and correct with no omissions and agree to indemnify, defend, and hold harmless the Funeral Home and/or crematory, 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 and equity, including any legal fees, costs and expenses of litigation, arising as a result of, based upon or connected with this authorization, the processing, shipping, and final arrangements of the Decedent's cremated remains, the failure to take possession or maker proper arrangement for the final arrangements of the cremated remains, any damage due to harmful or explodable implants, claims brought by any other person(s) claiming the right to control the disposition of the Decedent , or any other action performed by the Funeral Home and/or Crematory, its officers, agents, or employees, pursuant to this authorization, excepting only acts of willful negligence. The obligations of the Crematory shall be limited on the cremation of the Decedent and the disposition of the Decedent’s cremated remains as authorized on the Cremation Authorization Form.