



**PRENEED AUTHORIZATION FOR  
CREMATION, PROCESSING, AND DISPOSITION OF  
THE REMAINS OF:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

The undersigned does hereby authorize \_\_\_\_\_ (herein after “Funeral Establishment” and/or “Cremation Authority”), to take possession of and make arrangements for the cremation of my remains at said Cremation Authority being specifically authorized to carry-out the process of cremation of my remains, in accordance with the provisions of **Chapter 8 Title 32, 1976 SC Code**, as amended, upon receipt of my remains.

I further authorize and instruct the Cremation Authority to properly dispose of any items, other than my remains, including but not limited to, pacemakers, body prosthesis, dentures, dental bridgework, and dental fillings that are recovered from the cremation chamber.

Jewelry and other personal items that are recovered from the cremation chamber are to be disposed of as follows: \_\_\_\_\_

The cremation, processing, and disposition of my remains, as authorized above, shall be performed in accordance with all the governing laws, as well as the rules, regulations, and policies of the Funeral Establishment/Cremation Authority. Such authorization being subject to the following terms and conditions:

1. My remains will not be accepted by the Cremation Authority unless they are in a casket, a cremation casket, or an approved alternative container.
2. The Cremation Authority shall separate and remove from the cremation chamber all non-combustible materials, including but not limited to, hinges, latches, nails, jewelry, and precious metals. The Cremation Authority shall dispose of such materials as provided by law or as instructed herein.

3. Unless specifically authorized herein, the Cremation Authority shall not simultaneously cremate my remains with those of another person.
4. The Funeral Establishment is hereby authorized to dispose of my cremated remains as follows: \_\_\_\_\_  
\_\_\_\_\_
5. I, the undersigned, understand that I have the right to revoke this authorization at any time by providing written notice to the Funeral Establishment.
6. No person may revoke this authorization subsequent to the death of the undersigned.

By signing this Cremation Authorization, I, the undersigned, agree that McAlister-Smith Funeral Home (Funeral Establishment/Cremation Authority) and their respective agents, employees, and assigns shall be harmless in regard to any and all loss, damage, liability, or causes of action in connection with the cremation, processing, and disposition of my remains. However, said Funeral Establishment/Cremation Authority, and their agents, employees, and assigns shall not be held harmless for any acts in regard to the cremation, processing, and disposition of my remains if said acts are performed in a grossly negligent manner.

Further, I hereby state that all representations and statements made by me are true and correct to the best of my knowledge, and further, I have read and understand the provisions contained in this document and understand the process of cremation as stated by the Funeral Establishment.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness

Date: \_\_\_\_\_