

Memorial Funeral Directory & Cremation Center

Charles T. Mathena, Licensee In Charge

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AUTHORIZATION FOR CREMATION AND DISPOSITION

NOTICE: THIS IS A LEGAL DOCUMENT. IT CONTAINS IMPORTANT PROVISIONS CONCERNING CREMATION. CREMATION IS THE IRREVERSIBLE PROCESS OF REDUCING HUMAN REMAINS TO BONE FRAGMENTS THROUGH OPEN FLAME, EXTREME HEAT, AND EVAPORATION

AUTHORIZATION AND IDENTIFICATION

I (We), the undersigned (the "Authorizing Agent(s)"), hereby authorize and request Memorial Funeral Directory & Cremation Center, in accordance with and subject to its Policies, Procedures and Guidelines, and any applicable state or local laws or regulations, to cremate the human remains and arrange for the final disposition of the cremated remains, as set forth on this form:

Name of Deceased _____ Sex _____

Place of Death _____ Date of Death _____

Date of Birth _____ Age _____

Did the deceased have an infectious or contagious disease? Yes No If yes, please explain _____

PACEMAKERS, PROSTHESES AND RADIOACTIVE DEVICES

Pacemakers and prostheses, as well as any other mechanical or radioactive devices or implants in the decedent, may create a hazardous condition when placed in the cremation chamber. **IT IS IMPERATIVE THAT PACEMAKERS AND RADIOACTIVE DEVICES BE REMOVED PRIOR TO CREMATION.** If Memorial Funeral Directory & Cremation Center is not notified about such devices and implants, and not instructed to remove them, then the person(s) authorizing the cremation will be responsible for any damages caused to Memorial Funeral Directory & Cremation Center or crematory personnel by such devices or implants.

Did the decedent's remains contain a silicone implant, prosthetic device, radioactive implant or pacemaker? Yes No

If yes, please list below all implanted mechanical and radioactive devices which the Funeral Home is authorized to remove from the remains of the Deceased prior to cremation, and dispose of as indicated: _____

DISPOSITION OF CREMATED REMAINS

The cremation process is by no means "final". Disposition and memorialization of the cremated remains through an appropriate memorial location should be completed at the same time as the funeral arrangements. It is requested that the following disposition be made of the cremated remains:

1. Placed in following described urn as ordered by Funeral Director _____
 Placed in cardboard container suitable for handling and shipping.
2. Held for pickup by Funeral Director
 Held for pickup by person authorizing cremation
 Delivery to: _____

The undersigned hereby authorizes Memorial Funeral Directory & Cremation Center to deliver the cremated remains via prepaid U.S. Postal Service and agrees to assume all liability for any damages that may arise from any cause growing out of said delivery and to indemnify and hold harmless the Crematorium and Funeral Director from any and all claims related to said shipment. It is agreed that if arrangements for final disposition of the cremated remains are not made within thirty (30) days, they may be disposed of in a suitable manner by the Funeral Director.

LIMITATION OF LIABILITY

As the Authorizing Agent(s), I (We) hereby agree to indemnify, defend, and hold harmless Memorial Funeral Directory & Cremation Center, its officers, agents and employees, of and from any and all claims, demands, causes or caused 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 transmitted to Memorial Funeral Directory & Cremation Center, the processing, shipping and final dispositions of the decedent's cremated remains, the failure to take possession of or make proper arrangements for the final dispositions 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 the decedent's cremated remains, or any other action performed by Memorial Funeral Directory & Cremation Center, its officers, agents, or employees, pursuant to this authorization, excepting only acts of willful negligence.

I understand that due to the nature of the cremation process any valuable materials, including dental gold, will either be destroyed or not be recoverable. Any personal possessions accordingly have either been removed or may be destroyed. If the container or any portion thereof is not suitable for cremation, Memorial Funeral Directory & Cremation Center will require the remains to be removed and placed in a suitable container. I understand that cremated remains are bone fragments which will be reduced in size, and I hereby request and authorize this reduction process so that the cremated remains may be placed in an urn. Urns provided by the Funeral Home are usually sufficient in size for containing all of the cremated remains. In the event, the capacity of the urn I selected is less than the amount of the cremated remains, Memorial Funeral Directory & Cremation Center is hereby authorized to return said excess of cremated remains in a temporary container.

SIGNATURE OF AUTHORIZING AGENT(S)

Therefore, I (We), the undersigned, hereby certify that I am the closest living next of kin of the decedent and that I am related to the decedents at his/her _____ or that I otherwise serve (served) in the capacity of _____ to the decedent, that I have charge of the remains of the decedent as such possess full legal authority and power, according to the laws of the state of West Virginia, to execute the authorization form and to arrange for the cremation and disposition of the cremated remains of the decedent. In addition, I am aware of no objection to this cremations by any spouse, child, parent or sibling specified.

By executing this Cremation Authorization Form, as Authorizing Agent(s) the undersigned warrant that all representations and statements contained on this form are true and correct, that these statements were made to induce Memorial Funeral Directory & Cremation Center to cremation the human remains of the decedent and that the undersigned have read and understand the provisions contained on this form.

Executed at Princeton WV, this _____ day of _____.

Name _____ Signature _____

Relationship to Decedent _____ Phone No. _____

Address _____

Name _____ Signature _____

Relationship to Decedent _____ Phone No. _____

Address _____

Signature of Funeral Director as Witness for Signature(s) of Authorizing Agent

Memorial Funeral Directory 654 Athens Rd, Princeton WV, 24740

Name and Address of Funeral Home

FACSIMILE: You are entitled to rely on a facsimile copy of this executed sworn statement in cremating the Decedent and it shall have the same effect as the original. Further, I AGREE that, as soon as possible after transmitting the facsimile copy to you, I will deliver the original to you.