

AUTHORITY TO CREMATE**TOTAL # of Legal Next of Kin** _____**Contract** _____

The undersigned hereby certify I/We are the legal competent representative of the named deceased having full legal authority request and authorize *Complete Care Mortuary Services, 2324 W Holly St, Phoenix, AZ* or another crematory (to maintain promptness) to take possession, cremate, process, and return the cremains to **Angels Cremation and Burial** in accordance with and subject to any applicable State and local laws, rules and regulations. Questions/concerns **480-962-6435**

Decedent _____**Date of Death** _____**Address** _____**City of Death** _____

A. The remains of the Deceased will not be accepted for cremation unless they are received in a leak resistant, rigid cremation container. The Crematory reserves the rights to accept or reject a cremation container of noncombustible materials. The Crematory is authorized to remove and discard items attached to the cremation container that may cause damage to the cremation chamber.

B. Authorizing agent(s) understand that due to the nature of the cremation processing certain materials including dental bridges, gold fillings, body prostheses, or personal articles with the remains which are not recoverable will be destroyed, and will NOT be returned.

C. Any devices implanted in the Deceased may create a hazardous condition when placed in a cremation chamber. The Crematory will not cremate any human remains that contain any type of implanted devices. In the event the remains of the deceased do contain such a device, the Authorizing Agent(s) hereby authorizes and instructs the Crematory/ Mortuary, its agents and employees to remove any and all devices from the remains prior to the commencement of the cremation process. The Authorizing Agent(s) also agrees to indemnify the Crematory/Mortuary, its affiliates, and their agents and employees against loss from any and all claims, demands or damages which may be made or declared against it or those by reason of the failure of the authorizing agent(s) to timely disclose the existence of such implanted device(s).

*****DEVICES or Implants*** please circle all that are applicable **NONE****

Implants: Hip Knees Shoulders Metal rods (Disposed by crematory)

Pacemaker Electronic Pain pump Battery powered devise (Disposed of by the mortuary)

D. Cremated remains consist primarily of bone fragments. The authorizing Agent(s) understands that even with the exercise of reasonable care and the use of its best efforts the Crematory may not be able to recover all the particles of the cremated remains of the Deceased. There may be comingling of small particles of the other deceased due to the cremation process.

E. The obligation of the Crematory shall be limited to the cremation of the remains of the Deceased. The Authorizing Agent(s) agrees to release and hold The Crematory/Mortuary, its affiliates and their agents, employees, and assigns harmless from any and all losses, damages, liability or cause of action (including attorney fees and expenses of litigation) in connection with the cremation of authorized herein or the failure of the /authorizing Agent(s) to identify properly the remains of the deceased. Containers are closed at the mortuary. Any personal belongings left with deceased will be cremated as directed by the mortuary. No warranties expressed or implied are made and damages shall be limited to the refund of the cremation fee paid hereunder.

F. A Crematory may dispose of the cremated or processed remains in any legal manner directed by document prepared pursuant to (32-1365.01) or agreed to by the Authorizing Agent(s). If the Authorizing Agent(s) agrees to take possession and decides not to take possession of the remains **within thirty days** after the cremation or on an agreed date, the Crematory/Mortuary shall send written notice to the last known address of the Authorizing Agent(s) to take possession. **Ninety days after** the notification is sent or delivered the Crematory/Mortuary may dispose of the cremated or processed remains in a legal manner(ARS32-1399.7)

*****Disposition of the cremains*** WHO can pick up the cremains: FAMILY or FRIENDS**

(any one can pick up cremains) +++MINIMUM of 2 NAMES++ OR Mail include address

IN OFFICE PICK UP**MAIL TO**

1. _____

2. _____

OR

3. _____

4. _____

I/ We are taking responsibility for the cremains, urn(s), and all property when dropped at US post office or airport (\$200 +)

Next of Kin signing below agrees to all terms and conditions above.



Signature _____

Signature _____

Signature _____

Printed Name _____

Printed Name _____

Printed Name _____

Relationship _____

Phone Number _____

Relationship _____

Phone Number _____

Relationship _____

Phone Number _____

IMPORTANT Message*******This form must be signed and notarized, OR returned with a copy of legal ID*******

Signature of Employee _____

Date _____