Watson Funeral Services & Crematory
2300 Hwy 378, Conway, SC 29527
843-397-2500

AUTHORIZATION FOR CREMATION, PROCESSING, AND DISPOSITION OF THE Remains of:

_____
Name of Decedent

Date of Death: _____ Time of Death: _____

Confirmation of Identify

Date and Time of death of (hereinafter, "the Deceased") as indicated on the attached attending physician's, medical examiner's, or coroner's certificate of death. I (We) have * **identified** or **declined to identify** (circle one) the human remains that were delivered to the Funeral Home as decedent and have authorized the funeral home to deliver to the Crematory for cremation.

Signature:_____Print Name:_____Date:_____

The undersigned agent of the Deceased certifies that said agent has the full legal authority and right to authorize the cremation, processing, and disposition of the Deceased remains. And further, said agent certifies that, to the agent's knowledge, there exists no person who possesses a superior priority right and no person of equal priority who disagrees with this authorization.

Exercising the authority aforesaid, I, the undersigned, here by authorize Watson Funeral Services & Crematory (hereinafter, "Funeral Establishment") to take possession of, and make arrangements for, the cremation of the remains of the Deceased at **Watson Crematory** hereinafter, "Crematory Authority"); said Crematory Authority being specifically authorized to carry out the process of Cremation of the Deceased's remains in accordance with the provisions of Chapter 8 of Title 32 (1976 S.C. Code, as amended) upon receipt of the Deceased's remains.

I, as agent of the Deceased, hereby declare that, to the best of my knowledge:

The Deceased's remains **Did Not_____Did_____** contain a pacemaker or any other material or implant that may be hazardous to, or cause damage to, the cremation chamber or the person performing the cremation.
The following list contains all existing devises (including all mechanical, radioactive implants and prosthetic devices) which are implanted in or attached to the Decedent and should be removed prior to cremation
( ) No devices present in Decedent ( ) Pacemaker ( ) Radioactive Implant ( ) Back Implant Stimulator
( ) Other device that would be harmful: _____

I have instructed the Funeral Home to remove or arrange for the removal of these devices and to properly dispose of them prior to transporting Decedent to the Crematory. **Signature**_____

The Agent of the Deceased further authorizes and instructs the Crematory Authority to properly dispose of any items, other than the remains of the Deceased, including but not limited to body prostheses, dentures, dental bridgework, and dental fillings that are recovered from the cremation chamber.

The Deceased **Did Not_____Did____** have an infectious, contagious, or communicable disease or a disease declared by the Department of Health and Environmental Control to be dangerous to the public health.
* Please list all diseases here:_____
_____ **Signature**: _____

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_____

Items of value delivered to the Crematory Authority with the remains of the Deceased are listed below along with instructions as to how they should be handled:_____
_____

Jewelry and other personal articles that are recovered from the cremation chamber are to be disposed of as follows:
( ) I have instructed the Funeral Home to remove or arrange for the removal of any personal possessions/ valuable materials that I / We want. I understand that anything left with the Decedent will be destroyed in the cremation process and returned with the cremains.
( ) Other:_____

Type of casket or container (metal casket not acceptable)_____
Size and type of urn or container selected:_____

*** The Crematory reserves the right to accept or reject a cremation container constructed of noncombustible materials. Remains received in a noncombustible cremation container may be removed prior to cremation and placed in a combustible container: and the Crematory reserves the right to make disposition of such noncombustible containers at its sole discretion. The Crematory is authorized to remove and discard handles or any other items attached to the cremation container, which may cause damage to the cremation chamber.

THE CREMATION, PROCESSING, AND DISPOSITION OF THE REMAINS OF THE DECEASED, AS AUTHORIZED ABOVE, SHALL BE PERFORMED IN ACCORDANCE WITH ALL GOVERNING LAWS, AS WELL AS THE RULES, REGULATIONS, AND POLICIES OF THE FUNERAL ESTABLISHMENT AND/OR CREMATORY AUTHORITY, SUCH AUTHORIZATION BEING SUBJECT TO THE FOLLOWING TERMS AND CONDITIONS:

1: The remains of the Deceased will not be accepted by the Crematory Authority unless the Deceased is in a casket, cremation casket, or an approved alternative container.
2: The Crematory Authority shall separate and remove from the cremation chamber all noncombustible materials, including but not limited to, hinges, latches, nails, jewelry and precious metal, and the crematory shall dispose of such materials as provided by law and/or as instructed herein.
3: Unless specifically authorized by the Deceased's agent(s), the Crematory Authority shall not simultaneously cremate the remains of more than one person in the same cremation chamber.
4: The services of the Crematory Authority are deemed to be fulfilled when the cremated remains of the Deceased are returned to the custody of the Funeral Establishment.
5: Watson Funeral Services & Crematory (Funeral Establishment) handles the disposition of the cremated remains as follows and the authorizing Agent hereby authorizes the Crematory to release, deliver, transport, or ship the cremated remains as specified. Check one of the following:
Option One:
( ) Mail or release the cremated remains to the following designated person:
Name:_____ **Relationship:**_____
Address:_____
Scheduled date of release:_____

( ) I (We) agree to assume all liability that may arise from any shipment and to indemnify and hold Crematory harmless from any and all claims that may arise from such shipment.
Signature:_____

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_____

Option Two:
( ) Arrange for the disposition of the cremated remains at the discretion of the Crematory.
Signature: _____

6: If no method of disposition is specified in number 5 above, the cremated remains of the Deceased are to be held by the Crematory Authority for a period of 30 days, unless said remains are picked up by or shipped to the agent or Funeral Establishment before that time. At the end of 30 days, if final disposition arrangements have not been made, the Crematory Authority may return the cremated remains to the agent of the Deceased or the Funeral Establishment.

7. If at the end of 60 days, no final disposition arrangements have been made, the Crematory Authority or Funeral Establishment in charge of the disposition arrangements may dispose of the cremated remains in a manner provided by law, and in accordance with Chapter 8 of Title 32 (1976 S.C. Code, as amended).

8. Deceased's agent may revoke this authorization within 12 hours of its execution by providing written notice to the Funeral Establishment which assisted in making these arrangements and the Crematory Authority designated to perform the cremation.

By signing this Cremation Authorization Form, I, as agent for the Deceased, agree that Watson Funeral Services & Crematory (Funeral Establishment) and Watson Crematory (Crematory Authority) and their respective agents, employees, and assigns shall be held harmless in regard to any and all loss, damage, liability, or causes of action in connection with the cremation, processing, and disposition of the Deceased's remains. However, said Funeral Establishment and Crematory Authority and their respective agents, employees, and assigns shall not be held harmless for any acts in regard to the cremation, processing, and disposition of the Deceased's 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 THAT I HAVE READ AND UNDERSTAND THE PROVISIONS CONTAINED IN THIS DOCUMENT AND THE ATTACHED EXPLANATORY INFORMATION IN REGARD TO THE CREMATION PROCESS.

Signature: _____ Date: _____
Print: _____Relationship to Deceased: _____
Address: _____
Telephone Number: _____ Time:_____ AM-PM
Witness: _____ Date: _____

Signature: _____ Date: _____
Print: _____Relationship to Deceased: _____
Address: _____
Telephone Number: _____ Time:_____ AM-PM
Witness: _____ Date: _____

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_____

Signature: _____ Date: _____
Print: _____Relationship to Deceased: _____
Address: _____
Telephone Number: _____ Time:_____ AM-PM
Witness: _____ Date: _____

Signature: _____ Date: _____
Print: _____Relationship to Deceased: _____
Address: _____
Telephone Number: _____ Time:_____ AM-PM
Witness: _____ Date: _____

THE CREMATION PROCESS

All cremations are performed individually. Exceptions are only made in the case of close relatives, and then only with the prior written instruction of the authorizing agent(s). Cremation is performed by placing the deceased in a combustible casket or other container and then placing the casket or container into a cremation chamber or retort, where they are subjected to intense heat and flame. During the cremation process it may be necessary to open the cremation chamber and reposition the deceased in order to facilitate a complete and thorough cremation, or due to a malfunction with the operation of the retort. Through the use of suitable fuel, incineration of the container and contents is accomplished and all substances are consumed or driven off, except bone fragments (calcium compounds) and metal including dental gold and silver and other non-human material). Due to the nature of the cremation process, any personal possessions or valuable materials, such as dental gold or jewelry (as well as any body prosthesis or dental bridgework) that are left with the decedent and not removed from the casket or container prior to cremation will be destroyed, or if not destroyed, will be disposed of by the crematory. Following a cooling period of the cremated remains, which normally weigh several pounds in the case of an average size adult, the remains are then swept or raked from the cremation chamber. The crematory makes a reasonable effort to remove all of the cremated remains from the cremation chamber, but it is impossible to remove all of them as some dust and other residue from the process are always left behind. In addition, while every effort will be made to avoid co-mingling, inadvertent or incidental co-mingling of minute particles of cremated remains from the residue of previous cremations is a possibility After the cremated remains are removed from the cremation chamber, all noncombustible materials (insofar as possible), such as metal joints, and materials from the casket or container, such as hinges, latches, nails, etc., will be separated and removed from the bone fragments by visible selection and will be disposed of by the crematory with similar materials from other cremations in a non-recoverable manner. When the cremated remains are removed from the cremation chamber, the skeletal remains often contain recognizable bone fragments. Unless otherwise specified, after the bone fragments have been separated from the other material, they will then be mechanically processed (pulverized). This process of crushing or grinding may cause incidental co-mingling of the remains with the residue from the processing of previously cremated remains. These granulated particles of unidentifiable dimension will be virtually unrecognizable as human remains. After the cremated remains have been processed, they will be placed in the designated urn or container. The crematory will make a reasonable effort to put all of the cremated remains in the urn or container, with the exception of dust or other residue that may remain on the processing equipment In the event the urn or container provided is insufficient to accommodate all of the cremated remains, the excess will be placed in a separate receptacle. The separate receptacle will be kept with the primary receipt

RECEIPT OF CREMATED REMAINS

Holder: Watson Funeral Services & Crematory Representative: _____

Recipient: _____Decedent:_____

Urn or Temporary container:_____

Place: _____Date:_____Time:_____

Signature of Holder: _____

Signature of Recipient: _____