

AUTHORIZATION FOR CREMATION, PROCESSING, AND DISPOSITION OF THE

REMAINS OF: _____

Social Security # _____

Date and Time of death of (hereinafter, "the Deceased") was _____ as indicated on the attached attending physician's, medical examiner's, or coroner's certificate of death.

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, hereby authorize _____ (hereinafter, "Funeral Establishment") to take possession of, and make arrangements for, the cremation of the remains of the Deceased at _____ (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: (check one)

_____ The Deceased's remains **DO NOT** 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 Deceased's remains **DO** contain a pacemaker or other material or implant that may be hazardous or cause damage to the cremation chamber or the person performing the cremation.*

* Please list all materials/implants here:

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

_____ The Deceased **DID NOT** 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.

_____ The Deceased **DID** have an infectious, contagious, or communicable disease declared by the Department of Health and Environmental Control to be dangerous to the public health.*

* Please list all diseases here:

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.

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:

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 non-combustible 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. _____ (Funeral Establishment) is hereby authorized to dispose of the Deceased's cremated remains as follows:

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 _____ (Funeral Establishment) and _____ (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.

Relationship to Deceased: _____

Address of Agent: _____

Agent Telephone Number: _____

WITNESS: _____ DATE: _____

TIME: _____ (Specify a.m. or p.m.)

AGENT SIGNATURE: _____ **DATE:** _____

Relationship to Deceased: _____

Address of Agent: _____

Agent Telephone Number: _____

WITNESS: _____ DATE: _____

TIME: _____ (Specify a.m. or p.m.)

AGENT SIGNATURE: _____ **DATE:** _____

Relationship to Deceased: _____

Address of Agent: _____

Agent Telephone Number: _____

WITNESS: _____ DATE: _____

TIME: _____ (Specify a.m. or p.m.)

AGENT SIGNATURE: _____ **DATE:** _____

Relationship to Deceased: _____

Address of Agent: _____

Agent Telephone Number: _____

WITNESS: _____ DATE: _____

TIME: _____ (Specify a.m. or p.m.)