

**PRE-NEED AUTHORIZATION FOR CREMATION, PROCESSING, AND  
DISPOSITION OF THE REMAINS OF:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Social Security # \_\_\_\_\_

The undersigned does hereby authorize Mayer-Ethridge Funeral Home and Crematory (hereinafter, 'Funeral Establishment') to take possession of and make arrangements for the cremation of my remains at Mayer-Ethridge Funeral Home and Crematory (hereinafter, Crematory Authority ☒), said Crematory Authority being specifically authorized to carry out the process of cremation of my remains, In accordance with the provisions of Chapter 8 of Title 32, 1976 S.C. Code, as amended, upon receipt of my remains.

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

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

\_\_\_\_\_  
Return to Family  
\_\_\_\_\_  
\_\_\_\_\_

**THE CREMATION, PROCESSING, AND DISPOSITION OF MY REMAINS, AS AUTHORIZED HEREIN 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. My remains will not be accepted by the Crematory Authority unless they are in a casket, cremation casket, or an approved alternative container, or unless the Funeral Establishment has made arrangements with the Crematory Authority to provide the casket, cremation casket, or an alternative container before cremation.
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 Authority shall dispose of such materials as provided by law and/or as instructed herein.
3. Unless specifically authorized herein, the Crematory Authority shall not simultaneously cremate my remains with those of any other person.

4. The services of the Crematory Authority are deemed to be fulfilled when my cremated remains are returned to the custody of: \_\_\_\_\_.
5. Mayer-Ethridge Funeral Home and Crematory, (Funeral Establishment) is hereby authorized to dispose of my cremated remains as follows: \_\_\_\_\_  
Return to Family
6. I, the undersigned, understand that I have the right to revoke this authorization at any time by providing written notice to the Funeral Establishment which assisted in making these arrangements and the Crematory Authority designated to perform the cremation.
7. No person may revoke this authorization subsequent to the death of the undersigned.

By signing this Cremation Authorization Form, I, the undersigned, 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 my remains. However, said Funeral Establishment and Crematory 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, that I have read and understand the provisions contained in this document and the attached explanatory information regarding the cremation process.

SIGNATURE: \_\_\_\_\_

WITNESS: \_\_\_\_\_

WITNESS: \_\_\_\_\_

DATE: \_\_\_\_\_