Southeast Missouri Crematory LLC

AUTHORIZATION FOR CREMATION

Address of Crematory Establishment - 209 West Main Portageville MO 63873
Phone 573-379-5486
Name of Funeral Establishment_____
Address of Funeral Establishment_____

_____Funeral Home, the undersigned, hereby authorize the crematory and funeral establishment named above to cremate the remains of:
_____

DATE OF BIRTH _____Date of Death _____

Social Security Number _____

INITIAL

I hereby certify that I am the nearest degree of relationship to the deceased and that I have the legal right or am charged to authorize this cremation and the disposal of the cremated remains. I understand that due to the nature of the cremation process any VALUABLE METAL, including dental gold, will either be destroyed or will not be recoverable, any personal possessions accordingly have either been removed or may be destroyed. I further agree that I will indemnify and hold harmless the Crematory and Funeral Director, their officers and employees from any liability, costs, expenses or claims resulting from this authorization.

I request that following cremation, the FUNERAL HOME make disposition of the cremated remains as follows:

_____Complete_____

Authorization to dispose and/or recycle metal from prosthetic devices and implants: I certify that I have read and signed the attached authorization which will give the Crematory permission to dispose of or recycle the non-combustible materials found in the cremated remains.

INITIAL

No, the deceased HAS NOT been treated with therapeutic radionuclides.
If YES, when was the last treatment administrated?_____

INITIAL

I further state that the deceased has not had a heart PACEMAKER, radiation producing implant device, nor any other life sustaining device implanted that could be explosive. If such a device exists, I have instructed the Funeral Director or others to remove it before cremation. I further agree that, in the event of my failure to notify the Funeral Director or others responsible for the removal of such a device, I will be liable for any damages to the crematorium or injury to crematorium personnel.

_____
Signature Date Time

_____
Relationship to Deceased Telephone Number

_____
Address City State Zip

_____ _____
Signature Relationship to Deceased

WITNESS

_____ _____
Signature Name (Please Print)

_____
Address City State Zip

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DEATH CERTIFICATE STATUS

I hereby state upon my oath that prior to the cremation of _____that:
Name of person to be cremated

(Please check one that applies)

☐ A complete death certificate has been filed with the local registrar where the death occurred and a copy of the filed death certificate is attached with this authorization for cremation OR

IF NO DEATH CERTIFICATE IS ATTACHED, BOTH A & B MUST BE COMPLETED:

☐ A. No death certificate is attached; however, I state that it will be filed with the local registrar where the death occurred with the following information (questions 1 through 8 must be completed).

_____

1) Full Name of Deceased Social Security # (required)

_____

2) Last Place of Residence of Deceased

_____

3) Place of Death Date of Death

_____

4) Place of Birth Date of Birth

_____

5) Date and Place of Funeral

_____

6) Arranging Funeral Director

_____

7) Informant's Name & Relationship to the Deceased

8) Was death caused by INFECTIOUS or CONTAGIOUS disease?
YES _____ NO _____ If YES, please explain:

☐ B. I have attached written authorization to cremate the body from the medical examiner, coroner or physician who will be certifying the cause of death. Please check one:
_____ Medical Examiner_____ Coroner _____ Physician

Name and/or type of Urn or container selected from the crematory:
_____

Do you wish the selected Urn or container be sealed? YES _____ NO _____

_____
Signature Printed Name

_____ _____ _____
License Number Date Time