Cr. No._____
Cr. Date_____
Cr. Time_____

CREMATION AND DISPOSITION AUTHORIZATION

The State of Missouri requires that this Authorization Form be completed and signed prior to the cremation. Please read it carefully and ask us any questions you may have. Cremation is an irreversible and final process. It is important that you understand the cremation process that is described in Section 9 of this Authorization Form prior to signing it. We want you to fully understand the information provided in this Authorization Form, so we will be pleased to answer any questions about the cremation process or the other information in this Form.

THE AUTHORIZATION IS NOT A CONTRACT FOR CREMATION SERVICES. A SEPARATE CONTRACT OR CONTRACTS WILL BE REQUIRED TO PURCHASE THE SERVICES OF THE FUNERAL HOME AND/OR CREMATORY.

(Print all information except signatures.)

1. IDENTIFICATION OF THE DECEDENT

Name of Decedent:_____ Date of Death:_____ Time: _____

Place of Death:_____ Sex: M____F_____ Age:_____ DOB:_____ S.S.:_____

Last Residence of Decedent:_____ Place of Birth:_____

BECAUSE CREMATION IS IRREVERSIBLE, IDENTIFICATION OF THE DECEDENT IS REQUIRED BY ONE OF THE FOLLOWING METHODS:

_____ (Initials) The Authorizing Agent has viewed the remains and positively identified them as the body of the Decedent.

OR

_____ (Initials) The personal representative of the Authorizing Agent has viewed the remains and positively identified them as the body of the Decedent.

OR

_____ (Initials) The Authorizing Agent has authorized the Funeral Home to photograph the remains and the Authorizing Agent or Personnal Representitive has positively Identified the photograph as that of the Decedent.

2. FUNERAL HOME AND CREMATORY

The Authorizing Agent authorizes the Funeral Home and Crematory set forth below to carry out the directions and instructions of the Authorizing Agent contained in this Authorization.

Name of Funeral Home: DeLisle Funeral Home Address: 209 West Main Street Portageville Missouri 63873

Crematory:_____ Address:_____:

Name of Funeral Director who obtained this Authorization:_____

3. IDENTIFICATION OF AUTHORIZING AGENT (SEE A on page 4)

Name of Authorizing Agent:_____ Address:_____

Telephone No.: (____)_____ Relationship:_____ (Choose letter from selection in A on page 4).

4. AUTHORITY OF AUTHORIZING AGENT

As Authorizing Agent, I represent that I have the right to authorize the cremation of the Decedent's remains and I am initialing one of the following two statements accordingly:

_____ (Initials) As Authorizing Agent, I have filled in Section 3 above. I understand that any living person who meets the qualifications of any level above the one I filled in would have a superior right to act as the Authorizing Agent. I certify that I do not have actual knowledge of the existence of any living person who has a superior right to act as the Authorizing Agent.

OR

_____ (Initials) As Authorizing Agent, I am aware of a living person or persons who have a superior or equal priority right to act as Authorizing Agent. I have either contacted such person(s) and they have no objections to the cremation of the Decedent or I have been unable to contact such person(s) after making reasonable efforts to do so. In the latter case, I certify that I have no reason to believe that the person(s) with the superior or equal priority right would object to the cremation of the Decedent.

5. PACEMAKERS, IMPLANTS, AND PROSTHESES (SEE B on page 4)

Description of Devices:_____

Please initial one of the following statements:

_____ (Initials) The remains of the Decedent do not contain any of the Devices described in B on page 4.

OR

_____ (Initials) As Authorizing Agent, I instruct the Funeral Home to remove each Device listed above and to charge for its services in making or arranging for such removal. Unless indicated directly below, the Funeral Home is to dispose of all such Devices.

The Devices listed are to be removed and returned to:_____

6. CASKET OR ALTERNATIVE CONTAINER (SEE C on page 4)

Casket or Alternative Container Selected:_____

7. MULTIPLE CREMATIONS (SEE D on page 4)

_____ (Initials) As Authorizing Agent, I authorize the simultaneous cremation of the remains of the Decedent with the decedent named below. I certify that this multiple cremation meets the legal requirements set forth above.

Name of Other Decedent:_____

8. WITNESSES OF CREMATION (SEE E ON Last page.)

_____ (Initials) No witnesses.

OR

_____ (Initials) _____ (List of Witnesses)

_____

_____

9. THE CREMATION PROCESS (SEE F on page 4)

10. AUTHORIZATION TO CREMATE, PROCESS AND PULVERIZE

_____ (Initials) As Authorizing Agent, I have read and understand the description of the cremation process contained in F on page 4 and authorize the transportation, cremation, processing and pulverization of the remains of the Decedent.

11. URN OR TEMPORARY CONTAINER (SEE G on page 5)

_____ Urn selected by Authorizing Agent. Description of urn:_____OR

_____ Standard Plastic temporary container.

____ Standard Cardboard Container for Mailing

12. DISPOSITION OF CREMATED REMAINS (PLEASE INITIAL THE OPTION SELECTED AFTER READING H ON LAST PAGE)

_____ (Initials) The Crematory shall deliver the cremated remains of the Decedent to the Funeral Home.

_____ (Initials) The Funeral Home shall deliver the cremated remains of the Decedent for disposition as follows:

_____ Deliver to _____ cemetery with which arrangements have already been made.

_____ Deliver or release to:

Name:_____Relationship:_____

Address:_____

Other:_____

13. PERSONAL PROPERTY

All personal property and effects delivered with the remains of the Decedent to the Crematory, including but not limited to, jewelry, clothes, hair pieces, dental bridgework, eyeglasses, and shoes, will be destroyed in the cremation process or otherwise discarded by the Crematory, in its sole discretion, unless specific instructions for delivery to Authorizing Agent are given below.

Items to be returned to Authorizing Agent:_____

14. VISITATION AND FUNERAL CEREMONIES

Prior to the cremation of the Decedent's remains, the Authorizing Agent or the Decedent's family has arranged for a visitation and/or funeral ceremony as set forth below:

Date(s):_____Time(s)_____Place of Ceremonies:_____

If the remains are not embalmed and if the cremation is not to occur immediately upon delivery of the remains to the Funeral Home, the Funeral Home will place the remains in a refrigerated facility for which there may be a daily charge.

Decedent's remains: _____ is to be embalmed and present at the services

_____ is not to be embalmed and Urn is to be present --- not to be present at the services.

15. TIME OF CREMATION

Please initial one of the following:

_____ (Initials) The Crematory may perform the cremation of the Decedent's remains at a time and date as its work schedule permits and without any further notification to the Authorizing Agent.

OR

_____ (Initials) The Crematory is to use its best efforts to schedule the cremation in accordance with the schedule set forth below:

Date:_____ Time:_____

16. CERTIFICATION AND INDEMNIFICATION

The Authorizing Agent acknowledges that the Funeral Home and Crematory are relying upon the representations being made by the Authorizing Agent in this authorization. The Authorizing Agent certifies that all of the information and statements contained in the Authorization are accurate and no omissions of any material fact have been made. The Authorizing Agent agrees to indemnify and hold harmless the Funeral Home and the Crematory, their officers, directors, employees and agents from any and all claims, demands, actions, causes of action or suits of any kind or nature whatsoever, including, but not limited to, any legal fees arising out of or resulting from the Funeral Home's and the Crematory's reliance on or performance consistent with the directions, statements, representations and agreements contained in the Authorization.

Executed at _____, this _____ day of _____, 20_____.

Signature of Authorizing Agent:_____

Witness:_____

NOTIFICATION

_____ If this box is checked, it indicates that the cause of death of the Decedent was from a disease declared by the Department of Health and Environment to be infectious, contagious, communicable or dangerous to the public health.

DEATH CERTIFICATE FILING STATUS

I hereby state upon my oath that prior to the cremation of the above named person that:

_____ A completed death certificate has been filed with the local registrar of the registration district where the death occurred.

_____ The cause of death cannot be determined within 72 hours after death. Authorization for final disposition has been obtained from the Attending Physician, Medical Examiner, Coroner or Local Registrar.

Signed _____License#_____ Date _____Time _____

~Definitions~

A. IDENTIFICATION OF AUTHORIZING AGENT

The Authorizing Agent represents that the relationship between the Authorizing Agent and the Decedent is as follows:

(a) The surviving spouse.

(b) Any surviving child of the Decedent. If a surviving child is less than eighteen years of age and has a legal or natural guardian, such child shall not be disqualified on the basis of the child's age and such child's legal or natural guardian, if any, shall be entitled to serve in the place of the child unless such child's legal or natural guardian was subject to an action in dissolution from the Decedent. In such event the person or persons who may serve as next-of-kin shall serve in the order provided in sections (c) and (h) below.

(c) (i) Any surviving parent of the Decedent; or

(ii) If the Decedent is a minor, a surviving parent who has custody of the minor; or

(iii) If the Decedent is a minor and the Decedent's parents have joint custody, the parent whose residence is the minor child's residence for purposes of mailing and education.

(d) Any surviving sibling of the Decedent.

(e) Any person designated by the Decedent to act as next-of-kin pursuant to a valid designation of right of sepulcher.

(f) The next nearest surviving relative of the Decedent by consanguinity or affinity.

(g) Any person or friend who assumes financial responsibility for the disposition of the Decedent's remains if no next-of-kin assumes such responsibility.

(h) The county coroner or medical examiner; provided however that such assumption of responsibility shall not make the coroner, medical examiner, the county, or the state financially responsible for the cost of disposition.

B. PACEMAKERS, IMPLANTS, AND PROSTHESES

Pacemakers, radioactive, silicon or other implants, mechanical devices or prostheses may create a hazardous condition when placed in the cremation chamber and subjected to heat. As Authorizing Agent, I have listed in #5 on the reverse side all devices (including mechanical, prosthetic, implants, or materials), which may have been implanted in or attached to the Decedent.

C. CASKET OR ALTERNATIVE CONTAINER

The remains are to be cremated in a combustible casket or alternative container that is capable of being completely closed, is resistant to leakage or spillage, is sufficiently rigid to be handled easily, and provides protection for the health and safety of Crematory and Funeral Home personnel. The Crematory is authorized to inspect the casket or alternative container, including opening it if necessary. In the event that the casket or container does not meet the above requirements, the Crematory will notify the Authorizing Agent. Many caskets that are comprised primarily of combustible material also contain some exterior parts (decorative handles or rails) that are not combustible and that may cause damage to the cremation equipment. As Authorizing Agent, I authorize the Crematory, in its discretion, to remove and discard the non-combustible materials. I understand that some crematories will not accept metal or fiberglass caskets. I further understand that the casket or alternative container will be consumed as part of the cremation process.

D. MULTIPLE CREMATION

Under Missouri law, the remains of more than one decedent may not be simultaneously cremated in the same cremation chamber unless the decedents to be cremated were related or were, any time during the one-year period preceding their deaths, living in a common law marital relationship or cohabitating. Unless authorized on page 2, the Decedent's remains shall be individually cremated. If you desire a multiple cremation, initial #7 on the reverse side.

E. WITNESSES TO CREMATION

Witnessing a cremation can be an emotional experience. Witnesses are assuming the risks involved and fully release the Funeral Home and Crematory from any liability. To the extent permitted by the Crematory, the persons listed on the reverse side are authorized to be present at the cremation room prior to and during the cremation of the Decedent's remains and during the removal of the cremated remains from the cremation chamber. If you desire witnesses, you must initial #8 on the reverse side and list their names.

F. THE CREMATION PROCESS

The cremation of the Decedent's remains may take place before or after ceremonies to memorialize the Decedent. Cremation is considered the final disposition of the Decedent. It is carried out by placing the Decedent's remains in the casket or alternative container, which is then placed into a cremation chamber or retort where they are subjected to intense heat and flame. All cremations are performed individually unless noted otherwise in Section D above. During the cremation process, it may be necessary to open the cremation chamber and reposition the remains of the Decedent in order to facilitate a complete and thorough cremation. Through the use of suitable fuel, the incineration of the container and its contents is accomplished, and all substances reduced to a minimal content, except bone fragments (calcium compounds) and metal (including some dental gold and silver and other non-human materials) as the temperature is not sufficient to consume them.

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 prostheses or dental bridgework) that are left with the remains and not removed from the casket or container prior to cremation may be destroyed or if not destroyed, will be disposed of by the Crematory. The Authorizing Agent understands that arrangements must be made with the Funeral Home to remove any such possessions or valuables prior to the time that the remains of the Decedent are transported to the Crematory.

Following a cooling period, the cremated remains, which will normally weigh several pounds in the case of an average-size adult, are then swept or raked from the cremation chamber. Although the Crematory will take reasonable efforts to remove all of the cremated remains from the cremation chamber, it is impossible to remove all of them, as some dust and other residue from the process will be left behind. In addition, while every effort will be made to avoid commingling, inadvertent and incidental commingling of minute particles of cremated remains from the residues of previous cremations is a possibility, and the Authorizing Agent understands and accepts this fact.

After the cremated remains are removed from the cremation chamber, all non-combustible material (insofar as possible) such as dental bridgework and hinges, latches, and nails from the container will be separated and removed from the human bone fragments by visible or magnetic selection. The Crematory is authorized to dispose of these materials with similar materials from other cremations in a non-recoverable manner, so that only human bone fragments will remain.

When the cremated remains are removed from the cremation chamber, the skeletal remains often will contain recognizable bone fragments. Unless otherwise specified, after the bone fragments have been separated from the other material, they will be mechanically pulverized. The process of crushing or grinding may cause incidental commingling of the remains with the residue from the processing of previously cremated remains. These granulated particles of unidentifiable dimensions, which are virtually unrecognizable as human remains, will then be placed into a designated container.

G. URN OR TEMPORARY CONTAINER

After the cremated remains have been processed, they will be placed in the urn listed on page 2. The Authorizing Agent acknowledges that it is impossible to recover all of the dust and residue from the cremation and processing.

In the case of an adult, it is recommended that the urn or temporary container be a minimum size of 200 cubic inches. In the event the urn or temporary container is insufficient to accommodate all of the cremated remains, the excess will be placed by the Crematory in a secondary container. This secondary container will be kept with the urn or the temporary container and handled according to the final disposition instruction set forth in Section H below. All urns or containers provided to the Funeral Home or Crematory must be appropriate for shipping. The Authorizing Agent directs the Crematory to use the specified urn or container listed in section 11 on page 2.

H. DISPOSITION OF THE CREMATED REMAINS

Following the cremation, the Authorizing Agent directs the Crematory and/or Funeral Home to undertake the actions set forth on the reverse side to arrange the disposition of the cremated remains of the Decedent. If the cremated remains are shipped at any time, the Authorizing Agent directs that the Crematory or Funeral Home utilize registered U.S. mail with a return receipt or a shipping service that uses an internal system for tracing the location of the cremated remains during shipment and requires a signed receipt of the person taking delivery of the cremated remains.

The Authorizing Agent understands that if after 30 days from cremation date, no arrangements for the disposition, release or shipment of the cremated remains are made, the Crematory and/or the Funeral Home may dispose of the cremated remains in a scatter garden or pond, columbarium or other place formally dedicated for the burial of dead human bodies. Prior to making disposition of unclaimed cremated remains the Funeral Home shall send a certified letter to the Authorizing Agent notifying the Authorizing Agent that the disposition will occur in ninety (90) days. If during that ninety (90) day period the cremated remains are not retrieved by the person designated to receive them or by the Authorizing Agent, or if arrangements for their final disposition are not made, then the Crematory or Funeral Home may dispose of the cremated remains as stated above. The Authorizing Agent shall be liable for the cost of such final disposition and shall reimburse the Crematory or Funeral Home immediately upon receipt of an invoice.