

**FOR OFFICE USE ONLY**

CREMATION NUMBER

DATE OF CREMATION

## CREMATION AUTHORIZATION

I (We) the undersigned (the "Authorizing Agent(s)" hereby Authorize and request Divine Funeral Service and Crematory, LLC, in accordance with the subject to VI rules and regulations and all applicable state or local regulations, to cremate the human remains of

(The "decedent"), who resided at

I (We) have identified the human remains that were delivered to the funeral home as the decedent to Divine Funeral Service and Crematory, LLC, for cremation.

Place of Death:

Date of Death:

Time of Death:

Decedent's Age:

Decedent's Sex:

Did decedent have or is suspected to have had a contagious Disease?

Yes No If yes, please explain

Has the decedent received treatment with radionuclides?

Yes No If yes, date treatment

I (We) authorize Divine Funeral Service and Crematory, LLC to perform the cremation upon receipt of the human remains, at its discretion, and according to its own time schedule and V.I. laws, as work permits, without obtaining further authorization or instructions.

I (We) state that the decedent does not have a heart pacemaker, radiation producing implant device or any other life –sustaining devices that could be explosive. If such a device exists. I (We) will instruct the funeral director or others responsible for removal of such a device. I (We) shall be liable for any damages to the crematory. Or injury to crematory personnel.

I (We) request that the following disposition be made of the cremated remains:

Packaging:

Delivery:

Urn

Funeral Home

Temporary Container

Other

Authorization for Funeral Home to dispose of Human Remains.

Executed at **Divine Funeral Services, LLC. and Crematory**

Signature \_\_\_\_\_

Name

Address

City

State

Zip

If the undersigned authorizes the Crematory to deliver the cremated remains via postage or freight service carrier, they agree to have assumed all liability for any damages that may arise from any cause growing out of said delivery and will indemnify and hold harmless the Crematory and Funeral Home from any and all claims related to such delivery.

I (We) certify that I (We) are related to the decedent as

That I (We) otherwise serve in the capacity of

I (We) have the right to authorize this cremation and disposition of the cremated remains. I understand that due to the nature of the cremation process any valuable materials or objects, including jewelry and dental gold, will either be destroyed or not recoverable. Any personal possessions accordingly have either been removed or left with the intention of them being destroyed.

I (We) have the opposite side of this document entitled "Divine Funeral Service and Crematory, LLC Policies, Procedures and Requirements," and hereby authorize Divine Funeral Service and Crematory LLC to perform the cremation of the decedent listed in accordance with this document.

As the Authorizing Agent(s), I (We) hereby agree to indemnify, defend, and hold harmless Divine Funeral Service and Crematory LLC, its officers, agents, and employees of and from any and all claims, demands, causes or causes of action, and suits of any kind, nature and description, in law or equity, including any legal fees; costs and expenses of litigation, arising as a result of, based upon or connected with this authorization, including the failure to properly identify the decedent or the human remains transmitted to the Crematory, the processing, shipping and final disposition of the decedent's remains, any damage due to harmful or explodable implants, claims brought by another person(s) claiming the right to control the cremation or disposition of the decedent or the decedent's cremated remains, or any other action performed by the Crematory, its officers, agents, or employees, pursuant to this authorization, excepting only acts of willful negligence.

By executing this Cremation Authorization, as Authorizing Agent(s), the undersigned warrant that all representations and statements contained on this form are true and correct, that these statements were made to induce Divine Funeral Service and Crematory, LLC to cremate the human remains of the decedent, and that the undersigned have read and understand the provisions contains in this document.

This \_\_\_\_\_ day of \_\_\_\_\_,

Signature \_\_\_\_\_

Name

Witness: \_\_\_\_\_

Name:

\_\_\_\_\_  
 Signature of Funeral Director as Witness for Authorizing Agent (s)