

Authorization For Cremation & Disposition

Bishop-Crites Crematory

Phone 501-679-4400 Fax 501-679-4411

I (We), the undersigned ("the Authorizing Agent(s)"), hereby authorize and request B.C.C. in accordance with and subject to its rules and regulations, and any applicable state/provincial or local laws or regulations, to cremate the human remains of:

_____ (the "decedent")
and to arrange for the final disposition of cremated remains, as set forth on this form.

I (We) have identified the human remains that were delivered to the funeral home as the decedent, and have authorized the funeral home to deliver the decedent to B.C.C., for cremation. Otherwise, I (We) have elected the right to identify the human remains at the funeral home.

I (We) have read the attached document entitled "B.C.C. Policies, Procedures and Requirements," and hereby authorize B.C.C. to perform the cremation in accordance with that document.

Initial AA _____

Identification

Date of Death _____ Time of Death _____ AM/PM Sex _____ Race _____ Age _____

Place of Death: City _____ State _____ County _____

Was death caused by infectious or contagious disease? Yes _____ No _____

If yes, please explain: _____

Pacemakers, Prostheses, Silicon and Radioactive Implants

The decedent's remains do not contain a pacemaker, radioactive implant or any other device that could be harmful to the crematory. They are safe to cremate.

Initial AA _____

The following list contains all mechanical, radioactive, implants and prosthetic devices which are implanted and must be removed prior to cremation _____

I have instructed the funeral home to remove or arrange for the removal of these devices and to properly dispose of them prior to transporting the decedent to B.C.C.

Initial AA _____

All Pacemakers And Radioactive Implants Must Be Removed Prior To Delivering The Decedent To B.C.C.

Final Disposition

After Cremation the authorizing agent hereby authorizes B.C.C. to release, deliver, transport or ship the cremated remains as follows.

1. _____ Deliver cremated remains to _____
2. _____ Release the cremated remains to the funeral home to be picked up within 10 days.
3. _____ Release cremated remains to B.C.C. to Scatter at Sea (Cannot Be Recovered)
4. _____ Deliver cremated remains via U.S. Postal Service by registered mail to _____

(If option 4 is selected we hereby agree to assume all liability that may arise from that shipment, and to indemnify and hold Welch Funeral Home Inc. and B.C.C. harmless from any and all claims that may arise from such shipment)

Authority of Authorizing Agent

I (We), the undersigned, hereby certify that I am the closest living next of kin of the decedent and that I am related to the decedent as his/her _____ or that I otherwise serve (served) in the capacity of _____ to the decedent, that have charge of the remains of the decedent and as such possess full legal authority and power, according to the laws of the state of _____, to execute the authorization form and to arrange for the cremation and disposition of the cremated remains of the decedent. In addition, I am aware of no obligation to this cremation by any spouse, child, parent or sibling.

Signature required on Back Page

Limitation of Liability

As the Authorizing Agent(s), I (We), hereby agree to indemnify, defend and hold harmless Welch Funeral Home Inc. and B.C.C., its officers, agents and employees, of and from any and all claims, demands, causes of action, and suits of every 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 B.C.C., the processing, shipping and final disposition of the decedent's cremated remains, the failure to take possession of or make proper arrangements for the final disposition of the cremated remains, any damages due to harmful or explodable implants, claims brought by any other person (s) claiming the right to control the disposition of the decedent or the decedent's cremated remains, or any other action performed by Welch Funeral Home Inc. or B.C.C., its officers, agents, or employees, pursuant to this authorization, excepting only acts of willful negligence.

Initials AA _____

Signature of Authorizing Agent (s)

This is a legal document, it contains important provisions concerning cremation. Cremation is irreversible and Final. Read this document carefully before signing.

By executing this Cremation Authorization Form, 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 include Welch Funeral Home Inc. and B.C.C. to cremate the human remains of the decedent, and that the undersigned have read and understand the provisions contained on this form.

Executed at _____ on this _____ day of _____ 20 _____

Name _____ Signature _____

Relationship to Decedent _____ Phone # (_____) _____

Address _____

Name _____ Signature _____

Relationship to Decedent _____ Phone # (_____) _____

Address _____

Signature of Witness for signature(s) of Authorizing Agent(s) _____

Name and address of Funeral Home; Welch Funeral Home Inc.
202 South Fourth Street
Arkadelphia, AR 71923
870-230-1400