



4 Morris Place, Carbondale, PA 18407  
(570) 282-4872 Christopher J. Wade, Supervisor

### AUTHORIZATION FOR CREMATION AND DISPOSITION

I (We), the undersigned (the "Authorizing Agent(s)"), hereby authorize and request Simplicity Cremation Care of NEPA, 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 the cremated remains, as set forth on this form.

I (We) have read the attached document entitled "Policies, Procedures and Requirements," and hereby authorize the funeral home to perform the cremation of the decedent in accordance with that document. (Reverse side of this document)

Initials of AA AA

### IDENTIFICATION ACKNOWLEDGEMENT

Date of Death \_\_\_\_\_ Time of Death \_\_\_\_\_ AM/PM  
Place of Death: City, Borough, Twp, \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_  
Sex \_\_\_\_\_ Race \_\_\_\_\_ Age \_\_\_\_\_

- ☐ I (We) have elected to waive the right to identify the human remains at the funeral home,  
☐ I (We) have identified the human remains that were delivered to the funeral home as the decedent,  
and have authorized the funeral home to arrange for delivery of the decedent to the Sunlight Crematory, LLC.,  
Hanover Township, Pennsylvania for cremation.

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### PACEMAKERS, PROSTHESES 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.

Initials of AA AA

The following list contains all existing devices (including all mechanical, radioactive implants and prosthetic devices) which are implanted in or attached to the decedent that should 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 the crematory.

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**ALL PACEMAKERS AND RADIOACTIVE IMPLANTS MUST BE REMOVED PRIOR TO DELIVERING THE DECEDENT TO THE CREMATORY**

### FINAL DISPOSITION

After the cremation has taken place, the cremated remains have been processed and the processed cremated remains placed in the designated receptacle, the above mentioned Funeral Home, will arrange for the disposition of the cremated remains as follows, and the Authorizing Agent(s) hereby authorizes the crematory and the above mentioned funeral home, to release, deliver, transport, or ship the cremated remains as specified. Check one of the following:

- ☐ Deliver the cremated remains to \_\_\_\_\_ by (date and time) \_\_\_\_\_
- ☒ Release the cremated remains to the funeral home to be picked up within 10 days.
- ☐ deliver the cremated remains to the U.S. Postal Service for shipment by Registered, Return Receipt mail to: \_\_\_\_\_  
(or other specific instructions)

(If option three is selected, then I (we) agree to assume all liability that may arise from such shipment, and to indemnify and hold the above mentioned funeral home harmless from any and all claims that may arise from such shipment.)

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### 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 NOK to the decedent, that I have charge of the remains of the decedent and as such possess full legal authority and power, according to the laws of the state/province of Pennsylvania, 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 objection to this cremation by any spouse, child, parent, sibling or any person who has superior or equal priority right.

### LIMITATION OF LIABILITY

As the Authorizing Agent(s), I (we) hereby agree to indemnify, defend, and hold harmless the above mentioned Funeral Home, its officers, agents and employees, of and from any and all claims, demands, causes or 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 the crematory, 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 damage 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 the above mentioned Funeral Home, its officers, agents, or employees, pursuant to this authorization, excepting only acts of willful negligence.

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### SIGNATURE OF AUTHORIZING AGENTS(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 the Cremation Authorization Form, as Authorizing Agent(s), the undersigned warrant that all representation and statements contained on this form are true and correct, that these statements were made to induce the above mentioned Funeral Home and the crematory to cremate the human remains of the decedent, and that the undersigned have read and understand the provisions contained on this form.

Executed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_

Name \_\_\_\_\_ Signature AA

Relationship to Decedent \_\_\_\_\_ Phone No. ( ) \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_

Relationship to Decedent \_\_\_\_\_ Phone No. ( ) \_\_\_\_\_

Address \_\_\_\_\_

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

Name and Address of Funeral Home \_\_\_\_\_