

Pearl Street Crematory

1534 Pearl Street
Denver, Colorado 80203
(303) 837.8712
(303) 837.0141 FAX

<i>Crematory use only</i>	
Cremation Number:	_____
Cremation Date:	_____
Cremation Time	_____

**DECLARATION OF PRE CREMATION AUTHORIZATION
FINAL DISPOSITION AUTHORIZATION & AUTHORIZATION FOR RELEASE**

State of Colorado

County of _____

I, _____, a resident of _____, Colorado, being of sound mind, lawful age and under no undue influence hereby make this voluntary Declaration of Cremation per Colorado Revised Statutes, Title 15, Article 19. I agree to be responsible for and pay all charges incurred with respect to this authorization. I authorize the release and removal of my body and any personal effects at the time of my death to the said mortuary. The mortuary in charge of such arrangements shall be **Monarch Society, Inc.**, of **Denver, Colorado**. I further state at the present time, I do / do not have an infectious or contagious disease. I understand that if I do not notify the crematory or mortuary about an infectious disease, I, and/or my estate will be held liable for any and all damages to the crematory and/or injury to crematory personnel. _____ **(initial)**

PACEMAKER: At the present time, I do / do not have a pacemaker or any other radiation producing device that could be explosive. If such device exists, I hereby instruct and allow the mortuary or crematory personnel to remove such device prior to cremation and to recycle or dispose of it by any matter permitted by state law. I also agree that in the event of my failure to notify the funeral director or any others responsible for the removal of such device, I, and/or my estate will be held liable for any and all damages to the crematory and/or injury to crematory personnel. _____ **(initial)**

Any special requests shall be as follows: _____

CREMATION PROCESS: I fully understand that all cremation is an irreversible process and that all cremations are preformed individually. Cremation is a technical process using heat and flame that reduces the human remains to calcium compounds which make up the skeletal system and includes processing which is the mechanical pulverization of the bone fragments to a smaller powder consistency so all of cremated remains will fit and be placed into the designated urn with the exception of dust or residue that may remain on the processing equipment. Permission is granted to the crematory operator to open the cremation chamber during the process in order to reposition the remains in order to facilitate a complete and thorough cremation if necessary. I understand that although the crematory does its best to clean out the machine in its entirety after each cremation there is a possibility that trace amounts of the previous cremation may remain. I fully understand that mixed in with the cremated remains is a small portion of refractory brick residue from the crematory and actual ash from the cardboard or other alternative cremation container that is utilized for the cremation. I understand that due to the nature of the cremation process, any personal possessions medical implant devices, valuable or sentimental material, including but not limited to, clothing, eyeglasses, bed sheets medical implants, prosthesis, jewelry or dental gold and material and other debris will be destroyed not recoverable. Any personal possessions accordingly have either been removed prior or may be destroyed. If after cremation those items are not fully destroyed, the mortuary and/or crematory is authorized to dispose or recycle of such materials at its sole discretion. I understand that it is possible for small amounts of these materials to be mixed in with the cremated remains. I understand that I have the right to select and purchase an urn from elsewhere but the mortuary and/or crematory has the sole right to refuse an urn that was selected elsewhere. In the event the volume of the urn I selected elsewhere is less than the amount of the cremated remains, the crematory is hereby authorized to return said excess cremated remains in a temporary container for which I will be billed. I understand the mortuary and/or crematory, at its discretion, may use the service of a third party crematory if our crematory equipment is undergoing repairs, maintenance, or unable to handle the size of the remains. _____ **(initial)**

DISPOSITION: The disposition of my cremated remains is to be as follows: _____

I understand that if my disposition instructions are left blank or non-specified the mortuary or crematory is authorized to release the cremated remains, including any portions and comingled cremated remains along with their respective containers as requested above, to any legal next of kin at the time of my death.

Name (as shown on the first page) _____

If disposition also includes separate portions for keepsakes, pendants, scattering, etc, the mortuary or crematory will only do so if instructed above and fully understand that any separate portions may or may not be equally divided. If any fields are left blank above, I authorize the mortuary to complete any necessary fields as required that may have been verbally discussed. If disposition includes the comingling of cremated remains the mortuary or crematory will only do so if instructed above. _____ **(initial)**

I understand that cremation is not final disposition nor is storing cremated remains at a mortuary. The mortuary will charge a fee if cremated remains are not claimed within 30 days of the cremation date. If final arrangements are not made within 180 days of the cremation date, I authorize the mortuary and/or crematory to dispose of my cremated remains in a manner permitted by Colorado State Law, therefore the cremated remains will be unrecoverable. If disposition involves shipment or delivery, I hereby authorize the designated mortuary to deliver the cremated remains for a fee per their General Price List or ship via U.S. Mail, if outside the local delivery area per the USPS current fees, postage and regulations, plus any necessary packing and handling fees, and agree to assume all liability for any damages, for any reason rising out of said delivery; and to indemnify and hold harmless the crematory and the mortuary for any and all claims related to such shipment or delivery. The obligations of the said mortuary and crematory shall be limited to the actual cremation and disposition of my cremated remains. No warranties express or implied are made and damages shall be limited only up to the amount of the cremation fee paid. _____ **(initial)**

No one, under Colorado State Law, may revoke or amend this declaration without my consent in writing. I further agree that I will indemnify and hold harmless the mortuary, crematory, funeral directors, their officers, board members, employees and any independent contractors from any and all liability, costs, expenses or claims resulting from this authorization. I hereby execute this declaration as my free and voluntary act on the _____ day of _____, 20_____.

Signature: _____
(May require notary seal & photo identification)

Name: _____ **Witness:** _____
(May require notary seal)

Address: _____

City/State/Zip: _____ **Witness:** _____
(May require notary seal)

Telephone: _____

Alternate: _____

Email: _____