

ID Number: \_\_\_\_\_

Name of Deceased: \_\_\_\_\_

## **Kirby & Family Funeral and Cremation Services, Inc. Crematory**

600 Hospital Drive • PO Box 346 • Mountain Home, Arkansas 72654 • 870-425-6978

### **Authorization For Cremation and Final Disposition**

I (We), the undersigned (the "Authorizing Agent(s)"), hereby authorize and request Kirby & Family Funeral and Cremation Services, Inc. Crematory (here in under known as the crematory), in accordance with and subject to its rules and regulations, and any applicable state or local laws or regulations, to cremate the human remains of the above named individual (the "decedent") and to arrange for the final disposition of the cremated remains, as set forth on this form.

#### **Identification**

Name of Deceased: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Place of Death: City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

Was death caused by an infectious or contagious disease? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

#### **Implanted Medical Devices**

**(pacemakers, pain stimulators, prostheses, silicon implants, radioactive implants, etc.)**

Do the decedent's remains contain a silicon implant? Yes \_\_\_\_\_ No \_\_\_\_\_

#### **Please initial one of the next two lines:**

The decedent's remains do not contain a pacemaker, pain stimulator, radioactive implant, or any other device that could be harmful to the crematory. They are safe to cremate. Initials of AA: \_\_\_\_\_

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. The following list contains all existing devices (including all mechanical, radioactive implants, prosthetic devices) which are implanted in or attached to the decedent, that should be removed prior to cremation: \_\_\_\_\_

Initials of AA: \_\_\_\_\_

#### **Final Disposition**

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

☐ To deliver the cremated remains to \_\_\_\_\_ Cemetery in \_\_\_\_\_  
for \_\_\_\_\_, as indicated by an accompanying interment authorization.

*\*When scattering is to take place in an authorized Scattering Garden, I/we understand that no specific area will be designated within the Garden for said cremated remains and that co-mingling with the cremated remains of others may occur after cremation and scattering within the garden and can never be recovered. Cremated remains placed in a community vault or ossuary are co-mingled with other cremated remains and can never be recovered.*

☐ Send via United States Postal Service to the following name and address: \_\_\_\_\_

☐ Hold to be released to (Name of Authorized Recipient): \_\_\_\_\_

Initials of AA: \_\_\_\_\_

ID Number: \_\_\_\_\_

Name of Deceased: \_\_\_\_\_

### **Signatures 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 induce the Crematory to cremate the human remains of the decedent, and that the undersigned have read and understand the provisions on this form.

By signing below, I/we understand that the cremation will be scheduled to take place at the determination of the funeral home and crematory. Any scheduled ceremonies or viewings have taken place, if desired, and I/we authorize the funeral home and crematory to proceed with scheduling the cremation to take place.

I certify that death did not occur from a disease declared by the Arkansas State Department of Health to be contagious, infectious, communicable, or dangerous to public health unless otherwise noted by an accompanying signed death certificate, and knows of no objection to the above named deceased being cremated by any person who has any right to object. I/We verify that the identity and information contained on this authorization is correct and I/we have the legal authority and right to make such authorization. I/We further agree to assume any or all liability which may arise on account of authorization, cremation, and disposition. I/We agree to hold Kirby and Family Funeral and Cremation Services, Inc Crematory harmless from any and all such liability.

Executed at \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Authorizing Agent #1:      Signature: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship to Decedent: \_\_\_\_\_

Authorizing Agent #2:      Signature: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship to Decedent: \_\_\_\_\_

Authorizing Agent #3:      Signature: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship to Decedent: \_\_\_\_\_

Authorizing Agent #4:      Signature: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship to Decedent: \_\_\_\_\_

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

Name and Address of Funeral Home: Kirby & Family Funeral and Cremation Services, 600 Hospital Drive, Mountain Home, AR 72653.

This order, duly signed and with all blank spaces properly completed must accompany remains and be delivered to the crematory, together with the Board of Health and cremation permits before cremation can be effected.

### **RECEIPT OF REMAINS FOR CREMATION**

Received from Kirby & Family Funeral and Cremation Services, the above named remains for cremation in Kirby & Family Funeral and Cremation Services, Inc. Crematory (Arkansas License #24801). Cremation was performed on date listed below, by Certified Crematory Operator listed below.

\_\_\_\_\_  
Funeral Home Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Certified Crematory Operator

Initials of AA \_\_\_\_\_

# **Kirby & Family Funeral and Cremation Services, Inc. Crematory**

## **Policies, Procedures and Requirements**

The cremation, processing and disposition of the remains of the deceased shall be performed in accordance with all governing laws, and the policies, procedures and requirements of the crematory and the designated funeral home.

This document describes many of the policies and requirements of the crematory and is incorporated in our Cremation Authorization Form. We suggest you take the time to read this document carefully before executing the Cremation Authorization Form.

### **Cremation will only take place after all the following conditions have been met:**

1. Any scheduled ceremonies or viewings have been completed.
2. Civil and medical authorities have issued all required permits.
3. All necessary authorizations have been obtained, and no objections have been raised.

## **Caskets/Containers**

The crematory does not accept metal caskets. All wooden caskets and alternative containers must meet the following standards: 1) be composed of materials suitable for cremation; 2) be able to be closed to provide a complete covering for the human remains; 3) be resistant to leakage or spillage; 4) be sufficient for handling with ease; and 5) be able to provide for the health and safety of crematory personnel.

Many caskets that are comprised primarily of combustible material also contain some exterior parts, e.g., decorative handles or rails, that are not combustible and that may cause damage to the crematory equipment. The crematory, at its sole discretion, reserves the right to remove these non-combustible materials prior to cremation and to discard them with similar materials from other cremations and other refuse in a non-recoverable manner.

## **Pacemakers, Protheses and Radioactive Material**

Pacemakers and prothesis, as well as any other mechanical or radioactive devices or implants in the decedent, may create a hazardous condition when placed in the cremation chamber. It is imperative that pacemakers and radioactive devices be removed prior to cremation. If the funeral home is not notified about such devices and implants, and not instructed to remove them, the person(s) authorizing the cremation will be responsible for any damages caused to the crematory or crematory personnel by such devices or implants.

## **The Cremation Process**

All cremations are performed individually. Exceptions are only made in the case of a close relatives, and then only with the prior written instructions of the Authorizing Agent(s).

Cremation is performed by placing the deceased in a casket or other container and then placing the casket or container into a cremation chamber or retort, where they are subjected to intense heat and flame. During the cremation process, it may be necessary to open the cremation chamber and reposition the deceased in order to facilitate a complete and thorough cremation. Through the use of a suitable fuel, incineration of the container and contents is accomplished and all substances are consumed or driven off, except those bone fragments (calcium compounds) and metal (including dental gold and silver and other non-human material) 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 prosthesis or dental bridgework), that are left with the decedent and not removed from the casket or container prior to cremation will be destroyed or if not destroyed, will be disposed of by the crematory. As the casket or container will not normally be opened by the crematory (to remove valuables, to allow for final viewing or for any reason), arrangements must be made with the funeral home to remove any such possessions or valuables prior to the time that the decedent is transported to the crematory.

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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. The crematory makes a reasonable effort to remove all of the cremated remains from the cremation chamber, but it is impossible to remove all of them, as some dust and other residue from the process are always left behind. In addition, while every effort will be made to avoid commingling, inadvertent or incidental commingling of minute particles of cremated remains from the residue of previous cremations is a possibility.

After the cremated remains are removed from the cremation chamber, all non-combustible materials (Insofar as possible), such as bridgework, and materials from the casket or container, such as hinges, latches, nails, etc. will be separated and removed from the human bone fragments by visible or magnetic selection and will be disposed of by the crematory with similar materials from other cremations in a non-recoverable manner.

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

### **Witnessing**

The crematory does not allow anyone to witness the casket/container being placed in the cremation chamber, unless required to do so because of the religious practices of the family or by family request. In those instances, a maximum of 10 witnesses could be allowed.

### **Urns/Containers**

After the cremated remains have been processed, they will be placed in the designated urn or container. The crematory will make a reasonable effort to put all of the cremated remains in the urn or container, with the exception of dust or other residue that may remain on the processing equipment. In the event the urn or container provided is insufficient to accommodate all of the cremated remains, the excess will be placed in a separate receptacle. The separate receptacle will be kept with the primary receptacle and handled according to the disposition instructions on the Cremation Authorization Form.

### **Final Disposition**

Cremation is NOT final disposition, nor is placing the cremated remains in storage at a funeral home final disposition. The cremation process simply reduces the decedent's body to cremated remains. These cremated remains usually weigh several pounds and usually measure in excess of 150 cubic inches. Some provisions must be made for the final disposition of these cremated remains. Therefore, the crematory strongly suggests that arrangements for final disposition be made at the time that the cremation arrangements are made and that the Cremation Authorization Form is completed.

If the final disposition of the cremated remains has not been completed within 90 days of the cremation, then the crematory, at a cost of \$795.00, shall be authorized to arrange for the final disposition of the cremated remains in a manner permitted by law. Such final disposition may include the commingling of the cremated remains with other cremated remains, and thereafter the cremated remains of the decedent will not be recoverable.

If the option selected for final disposition includes scattering or placement in an ossuary, then the cremated remains will not be recoverable. If scattering is performed in a common area, then the cremated remains may be commingled with particles of other cremated remains that have been previously scattered.

### **Limited Liability**

The obligations of the crematory shall be limited to the cremation of the decedent and the disposition of the decedent's cremated remains as authorized on the Cremation Authorization Form. No Warranties Express or Implied are Made and Damages Shall be Limited to the Amount of the Cremation Fee Paid.

Initials of AA \_\_\_\_\_