

Crematory Use Only

Cremation # \_\_\_\_\_ Cremation Date \_\_\_\_\_ Name of Deceased \_\_\_\_\_  
 Funeral Home \_\_\_\_\_ Thomas M. Sullivan Funeral Home Inc. Address \_\_\_\_\_ 501 Washington Street Frackville, PA 17931

**AUTHORIZATION FOR CREMATION AND DISPOSITION (Please print or type)**

I(We), the undersigned (the "Authorizing Agent(s)"), hereby authorize and request Magdalene, 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 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 Magdalene, for cremation. Otherwise, I(We) have elected to waive the right to identify the human remains at the funeral home.

I(We) have read the document entitled "Magdalene Policies, Procedures, and Requirements," and hereby authorize Magdalene to perform the cremation of the decedent in accordance with that document. (Acknowledgment of prior 3 paragraphs) Initials of AA \_\_\_\_\_

**IDENTIFICATION**

Date of Death \_\_\_\_\_ Time of Death \_\_\_\_\_ AM/PM

Place of Death: City, Borough, Twp. \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

Sex \_\_\_\_\_ Race \_\_\_\_\_ Age \_\_\_\_\_

Was death caused by an infectious or contagious disease? Yes ☐ No ☐ If yes, explain: \_\_\_\_\_

**PACEMAKERS, PROSTHESES, SILICON AND RADIOACTIVE IMPLANTS**

Did the decedent's remains contain a silicon implant? Yes ☐ No ☐

**Please initial one of the next two paragraphs.**

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

**ALL PACEMAKERS AND RADIOACTIVE IMPLANTS MUST BE REMOVED PRIOR TO DELIVERY TO MAGDALENE**

**TIME OF CREMATION**

Magdalene is authorized to perform the cremation upon receipt of the human remains, at its own time schedule, as work permits, without obtaining any further authorization or instructions.

**FINAL DISPOSITION**

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

1. \_\_\_\_\_ Deliver the cremated remains to \_\_\_\_\_ By (date and time) \_\_\_\_\_

2. \_\_\_\_\_ Release the cremated remains to the funeral home to be picked up within 10 days.

3. \_\_\_\_\_ 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 Magdalene harmless from any all claims that may arise from such shipment.) Initials of AA \_\_\_\_\_

**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 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, 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, or sibling.

**LIMITATION OF LIABILITY**

As the Authorizing Agent(s), I(We) hereby agree to indemnify, defend, and hold harmless Magdalene, 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 that authorization, including the failure to properly identify the decedent or the human remains transmitted to Magdalene, 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 Magdalene, its officers, agents, or employees, pursuant to this authorization, excepting only acts of willful negligence. Initials of 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 induce Magdalene 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 \_\_\_\_\_

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 \_\_\_\_\_ Thomas M. Sullivan Funeral Home Inc. 501 Washington Street Frackville, PA 17931

**CREMATORY RELEASE**

This is to certify that \_\_\_\_\_ Thomas M. Sullivan Funeral Home Inc. \_\_\_\_\_ Funeral Home has delivered the remains of \_\_\_\_\_ on (Date) \_\_\_\_\_

Signature of Authorized Crematory Rep. \_\_\_\_\_ Signature of Funeral Director \_\_\_\_\_

Complete Highlighted Areas