Byrd & Flanigan
Crematory & Funeral Service
288 Hurricane Shoals Rd NE, Lawrenceville, GA 30046
Office: 770-962-2200 | Fax: 770-962-2002 | Email: BYRDANDFLANIGAN@GMAIL.COM

CREMATION AUTHORIZATION FORM

Byrd & Flanigan operates an on-site crematory in Lawrenceville, Georgia. Our staff coordinates the cremation process and maintains identification procedures from the time your loved one enters our care through the return of the cremated remains.

Keenan Byrd or Michael Flanigan supervises the cremation process. Following cremation, the cremated remains are respectfully processed into a fine, consistent texture (cremains) and placed in a clear protective bag inside the selected urn or a temporary container. A laminated identification card, a metal disc bearing your loved one's cremation number, and a cremation certificate accompany the remains when they are returned to your family.

* Complete this form only if legally authorized under Georgia Code § 31-21-7. Provide any valid health-care power of attorney or advance directive granting final-disposition authority. Subject to other legal designations, priority is generally: health-care agent; spouse; adult children; parents; adult brothers or sisters. Ask about majority consent.

STATE	COUNTY OF DEATH	CITY OF DEATH	DATE OF DEATH		
GEORGIA					

FUNERAL DIRECTOR	DATE OF CREMATION	CREMATION DISC #	FUNERAL HOME CASE #

CREMATION IS IRREVERSIBLE AND FINAL. READ THIS AUTHORIZATION CAREFULLY BEFORE SIGNING.

I certify that I am related to the Decedent and that I have no actual knowledge of any living person with a superior right to act as the Authorizing Agent. I represent that I have the paramount right to authorize cremation of the Decedent's remains. The undersigned authorizes Byrd & Flanigan Crematory & Funeral Service, in accordance with the rules and regulations of the State of Georgia, to cremate the remains of the Decedent identified below and agrees to be responsible for and pay all charges incurred under this authorization.

DECEDENT'S FULL NAME	PLACE OF DEATH

Multiple initial and signature spaces are provided below when more than one next of kin of equal legal priority must authorize the cremation. Each authorizing agent should initial and sign only once per applicable section.

OPTIONAL PRIVATE FAMILY VIEWING

Viewing before cremation is optional. If requested, a one-hour viewing for immediate family is available for $150.00, Monday through Friday between 10:00 a.m. and 4:00 p.m. (Additional charges apply for autopsy or donation care, or dressing of your loved one. Please refer to our General Price List [GPL].)

Yes, I would like to view my loved one before cremation.

INITIALS INITIALS INITIALS INITIALS

No, I do not wish to view my loved one before cremation.

INITIALS INITIALS INITIALS INITIALS

I understand that if I do not notify the Funeral Home and Crematory about a death by infectious disease, I will be liable for any injury to the Funeral Home or Crematory personnel.

I further state the death ☐ was (or) ☐ was not due to infectious or contagious disease.

I understand that, due to the nature of the cremation process, valuable materials, including dental gold, dental appliances, invasive medical devices (excluding pacemakers), or prosthetic devices, will either be destroyed or will not be recoverable. Funeral directors are not certified dental professionals. If removal of dental materials is requested, a licensed dentist will be needed to perform the procedure.

PERSONAL ITEMS BEFORE CREMATION

Funeral home staff will always check the deceased for jewelry or personal items before cremation and return these items to the next of kin.

As an Authorizing Agent, I confirm my choice below:

INITIALS INITIALS INITIALS INITIALS No, the Decedent has no personal items in their possession that I know about or want returned before cremation.

INITIALS INITIALS INITIALS INITIALS Yes, the Decedent has personal items in their possession that I know about, and I do want to have these items returned before cremation.

ITEM TO BE RETURNED:

I understand that the circumstances of the death may cause bedding, clothing, footwear, or other possessions to contain stains, odors, or bodily fluids. The Funeral Home does not have proper cleaning equipment to clean or sanitize these items. If I request their return, I accept them in the condition received when my loved one entered the Funeral Home's care. If I select No, the Funeral Home will properly dispose of these possessions at no charge to the authorizing agents.

INITIALS INITIALS INITIALS INITIALS Yes, I would like the possessions returned.

Select NONE from the dropdown if this section does not apply.

INITIALS INITIALS INITIALS INITIALS No, I do not want the possessions returned.

IMPLANTED MEDICAL DEVICES

Does the deceased have an implanted pacemaker, defibrillator, radiation-producing device, or other life-sustaining device that may pose an explosion or radiation hazard during cremation?

INITIALS **YES** **IF YES, PLEASE SPECIFY:** INITIALS **NO**

If any such device exists, I authorize the funeral director or others responsible for its removal to remove and recycle and/or donate the device at no charge to me.

I understand that cremated remains are bone fragments, which will be reduced in size and placed into a standard urn provided by the funeral home/crematory. In the event the capacity of an urn I select is less than the amount of the cremated remains, the funeral home is authorized to return the excess cremated remains in a separate temporary container. I further agree that I will indemnify and hold harmless the funeral director and the crematory, their officers and employees, from any liability, costs, expenses, or claims resulting from this authorization.

I acknowledge that I have read and understand this Cremation Authorization and that all of my questions or concerns have been fully addressed before signing.

SIGNATURE	INITIALS	DATE	SIGNATURE	INITIALS	DATE
ADDRESS			ADDRESS		
SIGNATURE	INITIALS	DATE	SIGNATURE	INITIALS	DATE
ADDRESS			ADDRESS		
FUNERAL DIRECTOR SIGNATURE	INITIALS	DATE	WITNESS SIGNATURE	INITIALS	DATE