SECTION 11(A): AUTHORIZING AGENT(s) (AA)- AT-NEED ARRANGEMENT

I (we) represent that I (we) have the right to authorize the cremation of the above named Decedent. If there is another living person(s) who has a superior or equal right to act as Authorizing Agent(s) (AA):
1. There is no one with or above me, I am the only Spouse____ Child____ Parent____ Sibling____ Grandparent____ Stepchild____ Guardian____ Other:_____. **AA initials:** ____
2. We are the only _____. **AA initials:** _____
3. We have made reasonable efforts to contact him/her/them. **AA initials:** ____
4. We have contacted them. **AA initials:** ____
5. We have been unable to contact them. **AA initials:** ____

I (we) have no reason to believe that he/she/they would object to the cremation of the decedent's remains. His/her/their names are here listed:_____
_____

I (we) authorize the delivery of the decedent's remains to Hudson's Funeral Home and On-Site Crematory or its authorized designees for the purpose of cremation and processing. I (we) understand the cremated body will be placed into the urn(s) or container(s) I (we) selected or into a container provided by the crematory. I (we) read and understood the above information and provisions regarding SECTION 1: THE CREMATION PROCESS; SECTION 2: PACEMAKERS, MEDICAL DEVICES, AND OTHER POTENTIALLY EXPLOSIVE DEVICES; SECTION 3: RADIOACTIVE IMPLANT AND OTHER RADIOACTIVE MATERIAL; SECTION 4: PERSONAL PROPERTY AND EFFECTS; SECTION 5: OTHER INSTRUCTIONS; SECTION 6: CASKET OR ALTERNATIVE CONTAINER FOR CREMATION; SECTION 7: URN(S) OR CONTAINER(S); SECTION 8: APPOINTMENT OF REPRESENTATIVE; SECTION 9: DISPOSITION OF CREMATED BODY; SECTION 10: CERTIFICATION AND INDEMNIFICATION; SECTION 11(A): AUTHORIZING AGENT (s)- AT-NEED ARRANGEMENT. All questions I (we) had were answered.

Executed at _____, this_____day of _____, 20 _____.

Name and Signature of All Authorizing Agent(s) (AA):

Name (Print):	**(Signature):**
Full Address:	**Phone Number:** Relationship: **Drivers License or ID type and number:**
Name (Print):	**(Signature):**
Full Address:	**Phone Number:** Relationship:
Name (Print):	**(Signature):**
Full Address:	**Phone Number:** Relationship: **Drivers License or ID type and number:**
Name (Print):	**(Signature):**
Full Address:	**Phone Number:** Relationship:

Use the Additional Authorizing Agent(s) (AA) page for additional required signatures. The page(s) will be attached to and become a part of this authorization.

SECTION 11(B): AUTHORIZING AGENT– PRE-ARRANGEMENT

I, the undersigned Authorizing Agent, have read each statement below and hereby authorize and direct the Hudson's Funeral Home & On-Site Crematory to cremate my remains, at the cremation facility of Hudson's Funeral Home & On-Site Crematory Representative direction. By initialing each statement I also consent to each statement. This pre-arrangement is my written instructions regarding cremation direction as stated for WY Stat § 2-17-101 (2013).
1. These instructions are to be followed upon my death irrespective of the wishes or instructions of any other person unless expressly revoked by me in writing, and I hereby direct and instruct my estate or survivors to indemnify and hold harmless the Hudson's Funeral Home & On-Site Crematory, and the cremation facility of their choice, their officers, directors, employees, and agents from any and all claims arising in any manner from the performance of these instructions. **AA initials:____**
2. I understand the cremated body will be placed into the urn(s) I selected or into a container provided by the crematory. **AA initials:____**
3. I read and understood the above information and provisions regarding the cremation process; witnesses; casket or alternative container for cremation; pacemakers, medical devices, other potentially explosive devices, radioactive implants, and personal property; other instructions; urn or container; and certification and indemnification. **AA initials:____**
4. All questions I had were answered. **AA initials:____**

NOTE: IN ORDER FOR A POWER-OF-ATTORNEY TO BE RELIED UPON TO AUTHORIZE CREMATION, IT MUST HAVE SPECIFIC AUTHORIZATION FOR DIRECTING CREMATION AND FINAL DISPOSITION. ATTACH A COPY OF THE POWER-OF-ATTORNEY TO THIS FORM.

Executed at _____, this _____ day of _____, 20 _____.

Authorizing Agent Name (Print):	**Authorizing Agent Name (Signature):**
Full Address:	**Drivers License or ID type and number:** **Phone Number:**

Witness Name (Print)	**Witness (Signature):**
Full Address:	**Drivers License or ID type and number:**

Funeral Home Representative, I have presented all of the information in this Cremation and Disposition Authorization document to the Authorizing Agent(s) (AA); and answered all questions.

Signature _____Date_____

Decedent Full Legal Name: _____

Hudson's FUNERAL HOME & ON-SITE CREMATORY
680 MOUNT HOPE DRIVE, LANDER, WY 82520
307-332-2221 OFFICE 307-332-2226 FAX
INFO@HUDSONSFH.COM HUDSONSFH.COM

Cremation Tag #_____

☐ At-Need ☐ Pre-Arrangement

Date : _____

CREMATION AND DISPOSITION AUTHORIZATION

Decedent Full Legal Name
(first, middle and last):

Date of Death: **Time of Death:** **AM or PM** **Place of Death:**

Did the decedent have any infectious/contagious or potentially infectious/contagious disease? YES or NO (circle one)

If yes, please explain: _____

2013 WYOMING STATUTES TITLE 2 - WILLS, DECEDENTS' ESTATES AND PROBATE CODE CHAPTER 17 - BURIAL ARRANGEMENTS
2-17-101. AUTHORITY TO AUTHORIZE BURIAL OR CREMATION; IMMUNITY FOR FUNERAL DIRECTORS AND UNDERTAKERS. UNIVERSAL CITATION: WY STAT § 2-17-101 (2013)
2-17-101. AUTHORITY TO AUTHORIZE BURIAL OR CREMATION; IMMUNITY FOR FUNERAL DIRECTORS AND UNDERTAKERS.
(A) IF A DECEDENT LEAVES WRITTEN INSTRUCTIONS REGARDING HIS ENTOMBMENT, BURIAL OR CREMATION, OR A DOCUMENT THAT DESIGNATES AND AUTHORIZES ANOTHER PERSON TO DIRECT DISPOSITION OF THE DECEDENT'S BODY THE FUNERAL DIRECTOR OR UNDERTAKER TO WHOM THE BODY IS ENTRUSTED SHALL PROCEED WITH THE DISPOSITION OF THE BODY IN ACCORDANCE WITH THOSE INSTRUCTIONS OR THE INSTRUCTIONS GIVEN BY THE PERSON DESIGNATED TO DIRECT DISPOSITION OF THE DECEDENT'S BODY. A DOCUMENT THAT DESIGNATES ANOTHER PERSON TO DIRECT DISPOSITION OF THE DECEDENT'S BODY DRAFTED PURSUANT TO SERVICE IN THE MILITARY AND IN A FORM MANDATED BY FEDERAL LAW AT THE TIME IT WAS SIGNED SHALL BE RECOGNIZED AS VALID FOR PURPOSES OF THIS SECTION. IN THE EVENT A DECEDENT DOES NOT LEAVE WRITTEN INSTRUCTIONS REGARDING HIS ENTOMBMENT, BURIAL OR CREMATION, OR FAILS TO LEAVE A DOCUMENT DESIGNATING ANOTHER PERSON TO DIRECT DISPOSITION OF THE DECEDENT'S BODY, THE FUNERAL DIRECTOR OR UNDERTAKER TO WHOM THE BODY IS ENTRUSTED SHALL OBTAIN A SIGNED CONSENT BEFORE THE ENTOMBMENT, BURIAL OR CREMATION PROCEEDS.
(B) ANY OF THE FOLLOWING PERSONS, IN ORDER OF PRIORITY AS STATED, MAY CONSENT TO THE ENTOMBMENT, BURIAL OR CREMATION OF THE DECEDENT, PROVIDED NO WRITTEN INSTRUCTIONS OR A DOCUMENT DESIGNATING ANOTHER PERSON TO DIRECT DISPOSITION OF THE DECEDENT'S BODY WERE LEFT BY THE DECEDENT:
(I) THE DECEDENT'S SPOUSE AT THE TIME OF DEATH;
(II) AN ADULT CHILD OF THE DECEDENT;
(III) EITHER PARENT OF THE DECEDENT;
(IV) AN ADULT SIBLING OF THE DECEDENT;
(V) A GRANDPARENT OF THE DECEDENT;
(VI) A STEPCHILD OF THE DECEDENT;
(VII) A GUARDIAN OF THE DECEDENT IN ACCORDANCE WITH W.S. 3-2-201(A)(X).
(C) IF A FUNERAL DIRECTOR OR UNDERTAKER RECEIVES WRITTEN CONSENT FROM A PERSON SPECIFIED IN SUBSECTION (B) OF THIS SECTION, HE MAY ACT IN ACCORDANCE WITH THE CONSENT, UNLESS A PERSON WITH A HIGHER OR EQUAL PRIORITY PROVIDES THE FUNERAL DIRECTOR OR UNDERTAKER A CONTRARY WRITTEN CONSENT WITHIN THREE (3) DAYS. IF THE FUNERAL DIRECTOR OR UNDERTAKER HAS BEEN PROVIDED CONTRARY WRITTEN CONSENTS FROM MEMBERS OF THE SAME CLASS WITH THE HIGHEST PRIORITY AS TO THE ENTOMBMENT, BURIAL OR CREMATION OF THE DECEDENT, THE DIRECTOR OR UNDERTAKER SHALL ACT IN ACCORDANCE WITH THE DIRECTIVE OF THE GREATEST NUMBER OF CONSENTS RECEIVED FROM MEMBERS OF THE CLASS. IF THAT NUMBER IS EQUAL, THE DIRECTOR OR UNDERTAKER SHALL ACT IN ACCORDANCE WITH THE EARLIER CONSENT UNLESS THE PERSON PROVIDING THE LATER CONSENT IS GRANTED AN ORDER FROM THE DISTRICT COURT FOR THE COUNTY IN WHICH THE FUNERAL HOME OR MORTUARY IS LOCATED. THE DISTRICT COURT SHALL ORDER DISPOSITION IN ACCORDANCE WITH THE LATER CONSENT ONLY IF IT IS SHOWN BY A PREPONDERANCE OF THE EVIDENCE THE DISPOSITION IS IN ACCORDANCE WITH THE DECEDENT'S WISHES.
(D) IF THE DECEDENT IS NOT SURVIVED BY ANY MEMBER OF THE CLASSES LISTED OR NO MEMBER OF THOSE CLASSES IS COMPETENT TO SIGN A CONSENT, ANY PERSON WHO COMES FORWARD AND LEGITIMATELY IDENTIFIES HIMSELF AS ANOTHER LEVEL OF RELATION OR FRIEND OF THE DECEDENT IS AUTHORIZED TO SIGN THE CONSENT. IF NO CONSENT IS RECEIVED WITHIN SEVEN (7) DAYS OF THE DECEDENT'S DEATH, THE CORONER FOR THE COUNTY IN WHICH THE FUNERAL HOME OR MORTUARY IS LOCATED IS AUTHORIZED TO SIGN THE CONSENT.
(E) A FUNERAL DIRECTOR OR UNDERTAKER ACTING IN ACCORDANCE WITH THIS SECTION, OR ATTEMPTING IN GOOD FAITH TO ACT IN ACCORDANCE WITH THIS SECTION, SHALL BE IMMUNE FROM CIVIL LIABILITY.
(F) NOTHING IN THIS SECTION ABROGATES OR AMENDS THE INTESTATE SUCCESSION LAWS OF W.S. 2-4-101 THROUGH 2-4-214.

THIS AUTHORIZATION FORM MUST BE SIGNED OR INITIALED PRIOR TO THE CREMATION
BY THE AUTHORIZING AGENT(S) (AA). Substitute forms are not acceptable.
Legibly print or type all information requested except for signatures and initials.

POSITIVE IDENTIFICATION OF THE HUMAN REMAINS IS REQUIRED.
The Crematory will not accept human remains for cremation without proper identification.
A wrist-band or ankle-band with the decedent's name must be firmly affixed to the decedent.
MANNER IN WHICH DECEDENT'S IDENTITY WAS VERIFIED (TO BE COMPLETED AFTER DEATH).

MANNER:_____ **DATE VERIFIED:**_____ **REPRESENTATIVE:**_____

THIS IS AN AUTHORIZATION TO CREMATE ONLY.
A separate contract or contracts for the purchase of services and merchandise is required.

SECTION 1: THE CREMATION PROCESS (THIS MUST BE READ)

Because cremation is irreversible it is important to understand the information on this form. Please ask any questions you may have about the cremation process, disposition, or this form before signing this authorization. The Authorizing Agent(s) (AA) authorizes the casket or alternative container for cremation containing the decedent to be placed into the cremation chamber where they will be subjected to intense heat and flame to burn off all substances except bone fragments and metal (the temperature is not sufficient enough to consume them). During the cremation process it may be necessary to open the chamber to reposition the remains in order to facilitate a thorough cremation. Following a cooling period, the cremated body (consisting of bone fragments and dust) and other non-combustible material is removed from the cremation chamber. Non-combustible material (in so far as is possible) such as hinges, latches, screws, and nails from the container; prostheses; jewelry; other metallic substances; and other non-combustible material will be separated and removed by visible and magnetic selection. The crematory will dispose of or recycle all non-combustible and removed material with other such material from other cremations in a non-recoverable manner. Non-magnetic material too small to be readily seen may inadvertently be left with the cremated body. The remains of the cremated body and container will be mechanically pulverized leaving granulated particles of unidentifiable dimensions and virtually unrecognizable as human remains. The cremated body, after processing, is placed into the designated urn or container. The size of the decedent determines how much of the cremated body fills the selected urn(s). Infants and small children may not have any amount of cremated body left. **Hudson's Funeral Home & On-Site Crematory does not retain any portion of the cremated body.**

NOTE: Although reasonable efforts are made to remove all of the cremated body from the cremation chamber and processer, it is impossible to remove all of the dust and residue. Also while every effort will be made to avoid commingling during the complete process, inadvertent and incidental commingling of minute particles of the cremated body from residue of previous cremations is a possibility.

I (we) understand the above information about the Cremation Process and all questions I (we) had about the cremation process, disposition, or this form have been answered.

AA Signature _____ *Funeral Home Representative*_____

SECTION 2: PACEMAKERS, MEDICAL DEVICES, AND OTHER POTENTIALLY EXPLOSIVE DEVICES

Pacemakers, defibrillators, morphine pumps, and other medical devices can create a hazardous condition when subject to intense heat and are a probable explosion risk. Other potentially explosive devices such as batteries, bullets, and shells will damage the crematory retort and create a hazardous condition for the Crematory Staff. All such devices need to be removed before the cremation process begins. The Authorizing Agent(s) (AA) will acknowledge any such devices present, authorizes the removal of such devices, and accept charges for the removal and safe disposition of such devices. All devices removed will be recycled. NOTE: It is a violation of federal law to ship pacemakers or defibrillators to another user without the proper license from the Food and Drug Administration. Authorizing Agent (s) (AA) please initial correct statement:

To the best of my (our) knowledge, there is no pacemaker, morphine pump, battery powered device, or other potentially explosive device present in the decedent or in the container for cremation. **AA initials: ____**

Potentially explosive devices are listed below. I (we) instruct The Crematory Staff to remove and dispose of such devices in a safe manner as I (we) have indicated, if nothing listed recycle all materials. I (we) understand there may be a charge for the removal and safe disposition of such devices. AA initials: ____

Item(s)	Disposition

SECTION 3: RADIOACTIVE IMPLANT AND OTHER RADIOACTIVE MATERIAL

Radioactive implants and other sources of radiation (e.g., high dose iodine I 131) may create a hazardous condition that can contaminate the retort chamber, the environment, and crematory personnel. In order to take proper precautions, the crematory must be notified of radiation sources BEFORE the human remains are delivered to The Crematory. The Authorizing Agent(s) (AA) acknowledges, authorizes, and accepts charges for additional required safety precautions (e.g., special required protective equipment, holding decedent until iodine is at acceptable levels, professional charges to remove the device, charges for safe disposition of the device). Authorizing Agent(s) (AA) please initial correct statement:

To the best of my (our) knowledge, there is no radioactive device(s) or material present in the decedent or in the container for cremation. **AA initials: ____**

There is a radioactive implant or other radioactive material (e.g., high-dose iodine) present. The name of the decedent's doctor, his/her address, and a phone number are provided below. I (we) understand there may be a charge for the removal and safe disposition of such devices or material. AA initials: ____

Doctor Name, address and phone:_____

Item(s)	Disposition

SECTION 4: PERSONAL PROPERTY AND EFFECTS

Personal property, effects, and other material delivered with the decedent will be cremated and destroyed. Due to the nature of the cremation process, personal property, effects, and other material delivered with the decedent, including but not limited to, clothing, jewelry, prostheses, hair pieces, dentalwork, glasses, and personal mementos will be damaged or destroyed during the cremation process or will otherwise be discarded by the Crematory Staff at their sole discretion, or the AA may authorize an individual to remove items which cannot or will not be removed by the Crematory Staff. **See all specific written directions below**.

I give written authorization to the Crematory Staff for removal of the decedent from the casket or alternative container to look for and remove any and all items which should NOT be cremated; the decedent will then be placed back into the casket or alternative container. **AA initials: ___**

I give written authorization to _____ for the removal of items from inside or on the decedent. **AA initials: ___**

Fill in requested information:

Write items to be removed:	**Disposition of Removed items:**

Follow directions as written. **AA initials: ____**

NO ITEMS ARE TO BE REMOVED. **AA initials: ____**

Items removed were returned on _____ .

To: _____

SECTION 5: OTHER INSTRUCTIONS (Attach a separate page with additional instructions if space below is insufficient)

_____

_____

_____

_____

SECTION 6: CASKET OR ALTERNATIVE CONTAINER FOR CREMATION

AA initials: Transporter____ Rental____ _____Casket ____
_____Other____

- The Crematory does not accept metal, plastic, fiberglass, rubber, or vinyl cremation containers.
- The remains of the decedent must be in a combustible casket or alternative container that is capable of being completely closed, resistant to leakage or spillage, sufficiently rigid to be handled easily, and provides protection for the health and safety of Crematory Staff. The Crematory Staff will, at their discretion, remove from the container any non-combustible exterior and/or interior parts (e.g., rails, handles, decorative material) prior to the cremation. These parts will be disposed of unless specific written instructions are given.
- The casket or alternative container will be consumed as part of the cremation process. Non-combustible residue (e.g., metal parts, nails, screws) from the casket or container will be destroyed or recycled unless specific written instructions are given by the Authorizing Agent(s) (AA).
- Crematory personnel are authorized to inspect the casket or alternative container, including opening it as necessary. If the delivered container is not appropriate for cremation, the crematory personnel will remove the decedent from that container and place the remains into an approved container. There will be additional charges for the transfer, the approved container, and the disposal of the unapproved container. The Authorizing Agent(s) (AA) acknowledges and authorizes this procedure and accepts the additional charges.

SECTION 7: URN(S) OR CONTAINER(S)

AA initials: Basic LTC____ _____Scattering Tube____ _____Keep Sake____
_____Jewelry____ _____ Other____

- After the cremated body has been processed, it will be placed into the urn(s) selected or provided by the Authorizing Agent(s) (AA).
- If the urn is to be shipped, it must be in an outer container approved for shipping (the Crematory can provide an appropriate container approved for shipping). Shipping charges will apply.

SECTION 8: APPOINTMENT OF REPRESENTATIVE

The undersigned appoint _____, as their sole Representative to provide Hudson's Funeral Home & On-Site Crematory with directions regarding the disposition of the cremated remains. Disposition may include the division, scattering, burying, return of the cremated remains to any individual(s) so designated by the above Representative or any other method of disposition requested by this Representative. Hudson's Funeral Home & On-Site Crematory shall take directions from that Representative and no other persons.

SECTION 9: DISPOSITION OF CREMATED BODY

The Authorizing Agent(s) (AA) directs *Hudson's Funeral Home & On-Site Crematory or its authorized designees* to undertake the actions set forth below regarding the final disposition of the cremated decedent. Authorizing Agent (s) (AA) please initial correct statement:

Return to (List the names of ALL individuals authorized to pick up cremated remains. Minimum of 2 names.)
_____ **AA initials: ____**

Return to the Funeral Home. _____ **AA initials: ____**

Deliver to Cemetery. Name & address located at: _____ **AA initials: ____**

Mail to (registered mail with return receipt, additional charges **WILL** be applied currently $125)
_____ **AA initials: ____**

Other Disposition Instructions: If the designated person does not call for the cremated body within thirty (30) days after date of cremation and no other arrangements for final disposition are made the selected Crematory will send the cremated body by registered mail with return receipt to the address provided. In the event this is unsuccessful the unclaimed remains will be disposed of appropriately, at our discretion. **AA initials: ___**

Cremated Remains received by: **Time: _____** **DATE: _____** **Delivered** **Picked up** **Mailed**

(Signature): _____

Drivers License or ID type and number:

SECTION 10: CERTIFICATION AND INDEMNIFICATION

- The Authorizing Agent(s) (AA) acknowledges that *Hudson's Funeral Home & On-Site Crematory or its authorized designees* is relying upon the representations being made by him/her/them in this authorization.
- The Authorizing Agent(s) (AA) certifies that all of the information and statements contained in this Authorization are accurate and no omissions of any material fact have been made.
- The Authorizing Agent(s) (AA) agrees to indemnify and hold harmless the above selected Crematory their officers, directors, employees, and agents from any and all claims, demands, actions, causes of action, or suits of any kind or nature whatsoever, including, but not limited to, any legal fees arising out of or resulting from The Crematory's reliance on or performance consistent with the directions, statements, representations, and agreements contained in this Authorization, addendums, and attachments.

Decedent Full Legal Name:_____