

AUTHORIZATION FOR CREMATION AND DISPOSITION

NOTICE: THIS IS A LEGAL DOCUMENT. IT CONTAINS IMPORTANT PROVISIONS CONCERNING CREMATION. CREMATION IS IRREVERSIBLE AND FINAL. READ THIS DOCUMENT CAREFULLY

PART ONE- TO BE REVIEWED AND COMPLETED BY AUTHORIZING AGENT (S)

I/We, the undersigned, certify, warrant and represent that I/we have the full legal right and authority, and know of no living person who has a superior priority right under state law, to authorize the cremation, processing and disposition of the remains of _____ (Name of Deceased).

I/We hereby request and authorize _____ (Name of Funeral Home) (hereinafter referred to as the "Funeral Home"). To take possession of and make arrangements for the cremation of the remains of the Deceased at _____ **Heaven Bound Mortuary Services LLC.** (hereinafter referred to as the "Crematory").

I/We hereby authorize the Crematory to return the cremated remains of the Deceased to the possession and custody of the Funeral Home.

I/We understand that the services and obligations of the Crematory shall be fulfilled when the cremated remains of the Deceased are returned to the possession and custody of the Funeral Home. I/we hereby authorize the Funeral Home to arrange for the disposition of the cremated remains of the Deceased as follows.

Is special handling required? ☐ No ☐ Yes Describe _____

Urn or Container selected: ☐ TEMPORARY URN ☐ BRINGING AN URN ☐ PURCHASED AN URN _____

☐ Married ☐ Divorced ☐ Widowed ☐ Never Married

Notes: _____

☐ Other: _____

☐ Release to Family _____

NAME OF DESIGNATED PERSON TO RECEIVE CREMATED REMAINS

☐ Scattering at sea by Funeral Home or Funeral Homes' agent

☐ To be scattered by the Funeral Home or Funeral Homes' agent in any manner permitted by law

☐ Ship via **USPS Priority Express Mail**

To: Name _____

Address _____

☐ Other _____

*** Funeral Home and Crematory are not responsible for any loss or damage of cremated remains shipped via Express Mail with the United States Postal Service.**

The following items of value will be delivered to the Crematory with the Deceased: _____

These items are directed to be:

☐ Cremated with the remains of the Deceased; ☐ Handled in accordance with the instructions for disposition of the cremated remains.

The cremation, processing and disposition of the remains of the Deceased authorized herein shall be performed in accordance with all governing laws, the rules, regulations and policies of the Crematory and Funeral Home, and the following terms and conditions:

- The remains of the Deceased will not be accepted for cremation unless received by the Crematory in a combustible, leak resistant, rigid cremation container. The Crematory is authorized to remove and dispose of handles, ornaments and any other noncombustible items attached to the cremation container prior to cremation. In the event the remains of the deceased are received by the Crematory in a casket or other container constructed of metal, fiberglass, or other noncombustible material, I/we authorize the remains of the Deceased to be removed prior to cremation and placed in a combustible cremation container. I/we further authorize the Funeral Home or Crematory to make disposition of any such noncombustible casket in any lawful manner it deems appropriate.
- Mechanical or radioactive devices implanted in the remains of the Deceased (Such as pacemakers, etc.) may create a hazard when placed in the cremation chamber. The Crematory will not cremate any human remains which contain any type of implanted mechanical or radioactive device. In the event the remains of the Deceased contain such device, I/we hereby authorize the Funeral Home, its agents and employees, to remove any such mechanical device from the remains of the Deceased prior to cremation, and dispose of such items at its discretion. I/WE HEREBY CERTIFY THAT THE REMAINS OF THE

☐ DO ☐ DO NOT CONTAIN A PACEMAKER OR ANY OTHER MATERIAL OR IMPLANT THAT MAY BE POTENTIALLY HAZARDOUS OR CAUSE DAMAGE TO THE CREMATION RETORT OR THE CREMATION RETORT OPERATOR PERFORMING THE CREMATION.

Listed below are all implanted mechanical radioactive devices which the Funeral Home is authorized to remove from the remains of the Deceased prior to cremation, and dispose of as indicated:

Description of implanted device

Disposition

If no instructions for disposition is given, such items may be disposed of at the discretion of the Funeral Home.

- The cremation container containing the remains of the deceased will be placed in the cremation chamber and will be totally and irreversibly destroyed by the prolonged exposure to intense heat and direct flame. I/We authorize the Crematory to open the cremation chamber during the cremation process and reposition the remains of the Deceased in order to facilitate a complete and thorough cremation

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4. Certain items, including, but not limited to, body prostheses , dentures, dental bridgework, dental fillings, jewelry, and other personal articles accompanying the remains of the Deceased, may be destroyed during the cremation process. I/We further authorize that if any items, other than the cremated remains of the Deceased, are recovered from the cremation chamber, they may be separated from the cremated remains of the Deceased and disposed of by the Crematory.
5. I/We hereby authorize the Crematory to separate and remove from the cremation chamber all noncombustible materials, including, but not limited to, hinges, latches, nails, and to dispose of such materials.
6. Following cremation, the cremated remains of the Deceased, consisting primarily of bone fragments, will be mechanically pulverized to an unidentifiable consistency prior to placement in an urn or other container.
7. Unless an urn or container suitable for shipment is purchased, the Crematory will place the cremated remains of the Deceased in a container which is not designated for any type of shipment.
8. In the event the urn or container is insufficient to accommodate all of the cremated remains of the Deceased, any excess cremated remains will be placed in a secondary container and returned to the Funeral Home, together with the primary urn or container.
9. I/We understand and acknowledge, that even with the exercise of reasonable care and the use of the Crematory's best efforts, it is not possible to recover all particles of the cremated remains of the Deceased, and that some particles may inadvertently become commingled with particles of other cremated remains remaining in the cremation chamber and/or other devices utilized to process the cremated remains. I/We hereby authorize the Crematory to dispose of any such residual particles in any lawful manner it deems appropriate.
10. Unless I/We give specific written instructions in this Authorization, the cremation, processing and disposition of the remains of the Deceased will not be performed in accordance with any particular religious or ethic customs.
11. If, after a period of sixty days from the date of cremation, the person who controls the right of disposition has not completed his /her responsibility of disposition or claimed the cremated human remains, the crematory authority, funeral establishment, or the person in possession of the cremated human remains may dispose of the cremated human remains in any manner permitted by law.
12. I/We agree to indemnify, release and hold the Crematory, Funeral Home, their affiliates, agents, employees and assigns, harmless from any and all loss, damages, liability or causes of action (including attorneys' fees and expenses of litigation) in connection with the cremation and disposition of the cremated remains of the Deceased, as authorized herein, or my/our failure to correctly identify the remains of the Deceased, disclose the presence of any implanted mechanical or radioactive devices, or take possession of, or make permanent arrangements for, the disposition of such remains.
13. Except, as set forth in the Authorization, no warranties, expressed or implied, are made by the Funeral Home, Crematory, or any of their respective affiliates, agents, or employees.

SIGNATURE OF PERSON(S) AUTHORIZING CREMATION AND DISPOSITION

I/We warrant that all representations and statements made herein are true and correct, and that I/We have read and understand the provisions contained in this document.

Signature

Signature	Print Name	Relationship to Deceased	Date
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Address

Street	City	State	Zip	Telephone No.
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Signature

Signature	Print Name	Relationship to Deceased	Date
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Address

Street	City	State	Zip	Telephone No.
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Signature

Signature	Print Name	Relationship to Deceased	Date
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Address

Street	City	State	Zip	Telephone No.
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WITNESS

Signature	Print Name	Date
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PART TWO- FUNERAL DIRECTOR REPRESENTATIONS AND WARRANTIES

The human remains to be delivered to the Crematory have been positively identified by the authorizing agent or his/her designated representative as those of _____, the Deceased named on this Authorization

Deceased's Date of Death _____ Time of Death _____ ☐ A.M. ☐ P.M.

To the best of my knowledge, the death of the Deceased ☐ did ☐ did not occur as a result of a disease declared by the Department of Health and Hospitals to be infectious, contagious, communicable, or otherwise dangerous to the public health. I warrant that all representations and statements made herein are true and correct.

Signature of Funeral Director

Printed Name

License No.

Name of Funeral Home

License No.