

AUTHORIZATION FOR CREMATION AND DISPOSITION

THIS SPACE FOR CREMATION USE ONLY

DOB # _____ Social Security Number _____ Cremation Date _____
 DECEASED'S NAME _____ (the "DECEASED")
 Date and Time of Death _____ Place of Death _____ Sex _____ Age _____

I hereby request and authorize _____ to take possession of and make arrangements for the
 Cremation of the Deceased's remains at _____ "Crematory". To induce the Funeral Home and the
 Crematory to cremate, process, and dispose of the Deceased's remains. I, the undersigned, hereby certify, warrant, represent, and acknowledge (by initialing items 1-6 below) that:

1. _____ I have the full legal right and authority to authorize the cremation, processing and disposition of the Deceased's remains.
2. _____ I have read and understood the crematory requirements, procedures, and policies contained on the back side of this contract.
3. _____ I have personally identified the Deceased's remains and assume full responsibility for the identification of the Deceased's remains.
 Identity Waived _____
4. _____ I understand that if I wish to remove or retain any item from the Deceased's remains, I must do so directly or by authorized agent prior to the cremation process. Attach
 a signed Authorization and Release Personal Items form if items of value are with Deceased.
5. _____ I give permission for the funeral home or its duly authorized agent to remove and dispose of any pacemaker or other type of implanted mechanical or radioactive device.
6. _____ I understand that in the event the cremated remains have not been permanently picked up by me or my designated representative within 90 days from the date of
 the cremation, the Funeral Home is authorized and directed to dispose of the unclaimed remains as stated in GA Code 31-21-7 (on Back).

Are there any special instructions? ☐ Yes ☐ No **DISCLOSURES**

The Deceased has the following implanted mechanical or radioactive devices and/or prosthetic devices: _____

Funeral Home Must Remove Pace Maker

At the time of the Deceased's death did he/she have a disease that was infectious, communicable or dangerous to public health? ☐ Yes ☐ No

If yes, please explain. _____

Has the deceased ever been treated with therapeutic radionuclide? ☐ Yes ☐ No If yes, date of treatment _____

Description of urn or container selected _____

Suitable for shipping ☐ Yes ☐ No

Note: In the event the urn or container is insufficient to accommodate all of the cremated remains of the deceased, any excess cremated human remains will be placed in a
 secondary container and returned to the Funeral Home, together with the primary urn or container.

ORDER FOR DISPOSITION

I authorize the Crematory to cremate and process the Deceased's remains and to return the cremated remains of the Deceased to the possession and custody of the Funeral Home. I
 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 hereby authorize the Funeral Home to arrange for the disposition of the cremated remains to the Deceased as follows:

Deliver to _____ Cemetery _____
 Phone: _____ Address: _____
 Release to family member: _____
 Phone: _____ Address: _____
 Ship via U.S. Postal Service Registered Mail to: Name _____ Address _____
 Other _____

SIGNATURE AND INDEMNITY

(If the legal next of kin is not signing below, a written statement of explanation must be completed by the person signing below.)
 I declare under penalty of perjury that the foregoing information is true and correct and that I make this statement to induce the Funeral Home and Crematory to cremate or cause to
 be cremated the remains of the Deceased. I agree to hold harmless, indemnify and defend the Funeral Home and Crematory against any claims, liabilities, damages, cost or expenses,
 including attorney fees, which may result from this Authorization and Order, including without limitation claims that arise from or relate to shipping, identity, kinship, explodable or
 harmful implant, infectious disease or other persons claiming rights to control disposition of the Deceased's remains.
 This document is executed at _____, this _____ day of _____, 20____

Signature _____ Print Name _____ Relationship to Deceased _____
 Address _____ Telephone No. _____
 Signature _____ Print Name _____ Relationship to Deceased _____
 Address _____ Telephone No. _____

Signature of Funeral Director as witness for Signature(s) of Authorizing Agent(s) _____



"He Maketh me to lie down in Green Pastures"

I am the legal next of kin authorizing agent for:

The following qualifies me as legal next of kin or authorizing agent giving me legal authority to make the request of cremation:

Please initial one of the following:

_____ I am the spouse, legally married to the deceased.

_____ I am separated but not divorced from the deceased.

_____ I am the only living child of the deceased.

_____ I am named as "Authorizing Agent" in GA Advanced Health Care Directive. **(Need Copy)*****

_____ I have a Durable Power Attorney for Healthcare. **(Need Copy)*****

_____ I am the only living relative of the deceased.

_____ I am the Father of the deceased _____ I am the Mother of the deceased.

_____ Other, please explain: _____

*****Please send copy to the Crematory**

Authorizing Agent's Name (Print) _____

Authorizing Agent's Signature _____

Relationship _____ to
deceased _____

Date: _____

Funeral Director's Signature _____

Funeral Director's Printed Name: _____ License

Date: _____