## AUTHORIZATION FOR CREMATION AND DISPOSITION OF CREMAINS

THE UNDERSIGNED, HERFBY AUTHORIZE THE CREMATORY AND FUNERAL ESTABLISHMENT NAMED ABOVE TO CREMATE.  THE ROMAINS OF  Type of Cremation: Flame Chemical based  Thereby certify that I have the legal right or am charged to authorize this cremation and the disposal of the cremated remains. I understand that the to the nature of the cremation process any valuable metal, including dental gold, will cribe the destroyed or not be recoverable. Any personal possessions accordingly have either been removed or may be destroyed. I further agent that I will indemnify and hold harmless that disposal possessions accordingly have either been removed or may be destroyed. I further agent that I will indemnify and hold harmless that disposation. I requise that following cremation, the funeral establishment make disposition of the cremated remains as follows:  Return to any family member  Direct  There is precifically agree that if the said cremains are left in the custody of the cremated remains at the cremation of t	NOTICE: THIS IS A LEGAL DIRREVERSIBLE AND FINAL.					G CREMATION. CREMATION IS
I, THE UNDERSIGNED, HEREBY AUTHORIZE THE CREMATORY AND FUNERAL ESTABLISHMENT NAMED ABOVE TO CREMATE THE REMAINS OF:  NAME OF PRIORS TO BE CREMATED STREET, MEDIEL LASO  Type of Cremation: Flame Chemical based  Thereby certify that I have the legal right or am charged to authorize this cremation and the disposal of the cremated remains. I understand that due to the nature of the cremation process any valuable metal, including dental gold, will either be destroyed or not be recoverable. Any personal possessions accordingly have either been removed or may be destroyed. I further agree that I will indemnal and hold hammless the funeral establishment (S) and Funeral Director, their officers and employees from any liability, costs, expenses or claims resulting from this authorization. I request that following cremation, the funeral establishment make disposition of the cremated remains as follows:    Return to	NAME OF CREMATORY					
LTHE UNDERSIGNED, HEREBY AUTHORIZE THE CREMATORY AND FUNERAL ESTABLISHMENT NAMED ABOVE TO CREMATE THE REMAINS OF:  NAME OF PERSON TO BE GENERALED (HEST, SHIDELL, LAST)  Type of Cremation: Flame Chemical based  I hereby certify that I have the legal right or an charged to authorize this cremation and the disposal of the cremated remains. I understand that due to the nature of the cremation process any valuable metal, including dental gold, will either be destroyed or not be recoverable. Any personal possessions accordingly have either been removed or may be destroyed. I further agree that I will indemnify and hold harmless the funeral establishment(s) and Funeral Director, their officers and employees from any liabling, costs, expenses or claims resulting from this authorization. I request that following cremation, the funeral establishment make disposition of the cremated remains as follows:  Return to	NAME OF FUNERAL ESTABLISHMENT IN CH	ARGE OF ARRANGEMENTS	S			
THE REMAINS OF:  NAME OF PERSON TO BE CHANTED SHISE, MIDDLE, LAST)  Type of Cremation: Flame Chemical based  Thereby certify that I have the legal right or am charged to authorize this cremation and the disposal of the cremated remains. I understand that due to the nature of the cremation process any valuable metal, including dental gold, will either be destroyed or not be recoverable. Any personal possessions accordingly have either been removed or may be destroyed. I further agree that I will indemnify and hold harmless the funeral establishment(s) and Funeral Director, their officers and employees from any liability, costs, expenses or claims resulting from this authorization. I request that following cremation, the funeral establishment make disposition of the cremated remains as follows:  Return to	NAME OF FUNERAL DIRECTOR IN CHARGE (	OF ARRANGEMENTS			LICENSE NUM	BER
Type of Cremation: Flame Chemical based  I hereby certify that I have the legal right or am charged to authorize this cremation and the disposal of the cremated remains. I understand that due to the nature of the cremation process any valuable metal, including dental gold, will either be destroyed or not be recoverable. Any personal possessions accordingly have either been removed or may be destroyed. I further agree that I will indemnify and hold harmless the fineral establishment(s) and Funeral Director, their officers and employees from any liability, costs, expenses or claims resulting from this authorization. I request that following cremation, the funeral establishment make disposition of the cremated remains as follows:  Return to		3Y AUTHORIZE TH	HE CREMATORY A	ND FUNERAL ESTA	BLISHMENT N	NAMED ABOVE TO CREMATE
Direct   The properties   The properti	NAME OF PERSON TO BE CREMATED (FIRST	, MIDDLE, LAST)				
that due to the nature of the cremation process any valuable metal, including dental gold, will either be destroyed or not be recoverable. Any personal possessions accordingly have either been removed or may be destroyed. I further agree that I will indemnify and hold harmless the funeral establishment(s) and Funeral Director, their officers and employees from any liability, costs, expenses or claims resulting from this authorization. I request that following cremation, the funeral establishment make disposition of the cremated remains as follows:    Return to   Return to any family member   Direct   Guardo of establishment   To   Guardo of es	Type of Cremation:	Flame	Chemical b	ased		
Direct	that due to the nature of the crepersonal possessions accordingly funeral establishment(s) and Fu authorization. I request that foll  Return to	emation process any y have either been a meral Director, the lowing cremation, th	valuable metal, in removed or may be ir officers and empi he funeral establishm	cluding dental gold, destroyed. I further loyees from any liab nent make disposition	will either be d agree that I want wility, costs, exp	estroyed or not be recoverable. Any ill indemnify and hold harmless the penses or claims resulting from this
I specifically agree that if the said cremains are left in the custody of						
I specifically agree that if the said cremains are left in the custody of	(name of establishment)		to	(bury, scatter, entomb, etc.)	crem	ated remains at
thirty (30) days,	(location)		·			
thirty (30) days,	I specifically agree that if	the said cremains ar	e left in the custody	of	ERAL ESTABLISHMENT	for over
Implanted Medical Devices:  I understand and acknowledge that defibrillators, pacemakers, other implanted battery-powered devices, radioactive implants and certain prostheses may create a hazardous condition when placed in a cremation chamber and subject to heat. I am providing the following information to the Funeral Establishment and the Crematory with regard to implanted medical devices (select one of the following two options):  There are no devices implanted in the remains of the decedent.  There is an implanted device(s) listed below and I authorize the funeral establishment or the crematory to remove and dispose of the device(s).  Description of Device(s):  SIGNATURE  DATE  TIME  RELATIONSHIP TO DECEASED  TELEPHONE NUMBER  FUNERAL ESTABLISHMENT TO COMPLETE THIS SECTION:  1. FULL NAME OF DECEASED	thirty (30) days,	NAME OF FUNERAL ESTAB	LISHMEN'T (initial)	_ may make whateve	er disposition o	f the cremains it
I understand and acknowledge that defibrillators, pacemakers, other implanted battery-powered devices, radioactive implants and certain prostheses may create a hazardous condition when placed in a cremation chamber and subject to heat. I am providing the following information to the Funeral Establishment and the Crematory with regard to implanted medical devices (select one of the following two options):  There are no devices implanted in the remains of the decedent.  There is an implanted device(s) listed below and I authorize the funeral establishment or the crematory to remove and dispose of the device(s).  Description of Device(s):  SIGNATURE  DATE  TIME  RELATIONSHIP TO DECEASED  TELEPHONE NUMBER  ADDRESS (CITY, STATE, ZIP CODE)  FUNERAL ESTABLISHMENT TO COMPLETE THIS SECTION:  1. FULL NAME OF DECEASED						
Description of Device(s):  SIGNATURE  DATE  TIME  RELATIONSHIP TO DECEASED  TELEPHONE NUMBER  ADDRESS (CITY, STATE, ZIP CODE)  FUNERAL ESTABLISHMENT TO COMPLETE THIS SECTION:  1. FULL NAME OF DECEASED	I understand and acknowledge that a hazardous condition when placed the Crematory with regard to implar  There are no devices implanted	in a cremation chamlented medical devices (	ber and subject to hea (select one of the follow e decedent.	t. I am providing the wing two options):	following inform	nation to the Funeral Establishment and
RELATIONSHIP TO DECEASED  TELEPHONE NUMBER  ADDRESS (CITY, STATE, ZIP CODE)  FUNERAL ESTABLISHMENT TO COMPLETE THIS SECTION:  1. FULL NAME OF DECEASED			nonze the functar esta	onsimient of the crema		and dispose of the device(s).
ADDRESS (CITY, STATE, ZIP CODE)  FUNERAL ESTABLISHMENT TO COMPLETE THIS SECTION:  1. FULL NAME OF DECEASED	SIGNATURE			DATE		TIME
FUNERAL ESTABLISHMENT TO COMPLETE THIS SECTION:  1. FULL NAME OF DECEASED	RELATIONSHIP TO DECEASED			TELEPHONE NUMBER		
1. FULL NAME OF DECEASED	ADDRESS (CITY, STATE, ZIP CODE)					
1. FULL NAME OF DECEASED	FUNERAL ESTABLISHMENT	TO COMPLETE T	HIS SECTION:			
2. LAST PLACE OF RESIDENCE OF DECEASED						
	2. LAST PLACE OF RESIDENCE OF DECEASE	:D				

3. PLACE OF DEATH	4. PLACE OF BIRTH
5. DATE AND PLACE OF FUNERAL	
E ADDANIZINIZ LIMILDAL IMPLITAD	
6. ARRANGING FUNERAL DIRECTOR	
7. INFORMANT'S NAME	RELATIONSHIP
8. DATE AND TIME WHEN CREMATION BEGAN	
DEATH CERTIFICATE FILING STATUS	
I hereby state upon my oath that prior to the cremation of the a	·
A completed death certificate has been filed with the local I	registrar where the death occurred; or
Written authorization to cremate the body has been receive certifying the cause of death.	ed from the medical examiner/coroner or physician who will be
SIGNATURE	LICENSE NUMBER
TIME	DATE
DISPOSITION OF CREMAINS	
By my signature, I have received the cremated remains of the decease	sed named on this form.
	sed named on this form.  DATE RECEIVED
By my signature, I have received the cremated remains of the decease	
By my signature, I have received the cremated remains of the decease signature  FUNERAL ESTABLISHMENT NAME	
By my signature, I have received the cremated remains of the decease signature	
By my signature, I have received the cremated remains of the decease signature  FUNERAL ESTABLISHMENT NAME  ADDRESS	DATE RECEIVED
By my signature, I have received the cremated remains of the decease signature  FUNERAL ESTABLISHMENT NAME	DATE RECEIVED
By my signature, I have received the cremated remains of the decease signature  FUNERAL ESTABLISHMENT NAME  ADDRESS  By my signature, I have delivered the cremated remains of the decease signature.	sed named on this form to:
By my signature, I have received the cremated remains of the decease signature  FUNERAL ESTABLISHMENT NAME  ADDRESS  By my signature, I have delivered the cremated remains of the decease signature.	DATE RECEIVED
By my signature, I have received the cremated remains of the decease SIGNATURE  FUNERAL ESTABLISHMENT NAME  ADDRESS  By my signature, I have delivered the cremated remains of the decease LOCATION	sed named on this form to:
By my signature, I have received the cremated remains of the decease SIGNATURE  FUNERAL ESTABLISHMENT NAME  ADDRESS  By my signature, I have delivered the cremated remains of the decease LOCATION	sed named on this form to:
By my signature, I have received the cremated remains of the decease signature  FUNERAL ESTABLISHMENT NAME  ADDRESS  By my signature, I have delivered the cremated remains of the decease LOCATION  SIGNATURE	sed named on this form to:  DATE DELIVERED
By my signature, I have received the cremated remains of the decease signature  FUNERAL ESTABLISHMENT NAME  ADDRESS  By my signature, I have delivered the cremated remains of the decease LOCATION  SIGNATURE  If the cremated remains were delivered or placed other than by the name of the person who made the delivery or placement	sed named on this form to:  DATE DELIVERED
By my signature, I have received the cremated remains of the decease signature  FUNERAL ESTABLISHMENT NAME  ADDRESS  By my signature, I have delivered the cremated remains of the decease LOCATION  SIGNATURE  If the cremated remains were delivered or placed other than by	sed named on this form to:  DATE DELIVERED  y an employee of
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By my signature, I have received the cremated remains of the decease signature  FUNERAL ESTABLISHMENT NAME  ADDRESS  By my signature, I have delivered the cremated remains of the decease LOCATION  SIGNATURE  If the cremated remains were delivered or placed other than by the name of the person who made the delivery or placement were shipped along with the receipt number is shown below.  NAME OF PERSON MAKING THE DELIVERY OR PLACEMENT OF CREMAINS	sed named on this form to:  DATE DELIVERED  y an employee of
By my signature, I have received the cremated remains of the decease signature  FUNERAL ESTABLISHMENT NAME  ADDRESS  By my signature, I have delivered the cremated remains of the decease LOCATION  SIGNATURE  If the cremated remains were delivered or placed other than by the name of the person who made the delivery or placement were shipped along with the receipt number is shown below.	sed named on this form to:  DATE DELIVERED  y an employee of