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Case # _____ Date: _____ Crematory Operator # _____

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 BEFORE SIGNING.

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 objects to the matters set forth herein or has a superior priority right under state law, to authorize the cremation, processing and disposition of the remains of _____ (hereinafter referred to as the "Deceased")

(Name of Deceased - First Middle LAST)

Date of Birth _____ Date of Death _____ Time of Death _____

I/We hereby request and authorize **Truckee Meadows Cremation of Burial** (hereinafter referred to as the "Funeral Home") to take possession of and make arrangements for the cremation of the remains and of the Deceased at **Truckee Meadows Crematory located at 1270 Greg Street, Sparks, NV 89431** (hereinafter referred to as the "Crematory"), and I/we give the Crematory the authority to cremate the remains of the Deceased.

The Deceased's death DID DID NOT occur as a result of a disease declared by the Nevada Department of Health to be infectious, contagious, communicable, or dangers to the public health. Type of Disease: _____

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: YES NO Describe: _____

Description of urn or minimum acceptable container selected: _____ Suitable for Shipping: YES NO N/A

Deliver to: _____ (Name and Address of Cemetery)

Release to the following individual(s): _____ (Name and Designated Individuals to Receive Cremated Remains)

Scattering by Funeral Home or Funeral Home's Agent _____

Ship Via **U.S Priority Mail Express***

To: Name _____ Address _____

Other _____

***Funeral Home and Crematory are not responsible for any loss or damage of cremated remains shipped via Priority Mail Express with the United States Postal Service. I/We agree to release and hold Funeral Home and Crematory harmless from any and all claims related to such shipping. _____ (Initials)**

The undersigned acknowledges and agrees that the cremation, processing and disposition of the remains of the Deceased authorized herein shall be subject to 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 materials, 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. **Description of cremation container selected:** _____
- Mechanical or radioactive devices implanted in the remains of the Deceased (such as traditional pacemakers, etc.) may create a hazard when placed in the cremation machine. The Crematory will not knowingly cremate any human remains which contain any type of implanted mechanical or radioactive device that could cause harm to the Crematory or its employees. In the event the remains of the Deceased contain such a device, I/we hereby authorize the Funeral Home, its agents and associates, to remove any such mechanical devices from the remains of the Deceased prior to cremation, and dispose of such items at its discretion or as indicated below. Leadless pacemakers are mechanical or radioactive devices implanted intravenously and cannot be removed or retrieved by the Funeral Home or Crematory prior to cremation of the Deceased. These devices can be cremated. In such an instance, the cremation process will cause irreparable damage to the device rendering it unusable and irretrievable. I/WE HEREBY CERTIFY THAT THE REMAINS OF THE DECEASED DO **DO NOT** CONTAIN ANY TYPE OF IMPLANTED MECHANICAL OR RADIOACTIVE DEVICE. (Please Initial One)

3. I/We acknowledge that neither the Funeral Home nor the Crematory is responsible for removing any item of value (such as jewelry) from the remains prior to the cremation process, and I/We agree to hold harmless Funeral Home and Crematory from any liability for the destruction or loss of any such item.
4. I/We understand that 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 authorize that if any items, other than the cremated remains of the Deceased, are recovered from the cremator, they may be separated from the cremated remains of the Deceased and disposed of by the Crematory. I/We further hereby authorize the Crematory to separate and remove from the cremator all noncombustible materials, including, but not limited to, hinges, latches, nails, jewelry and precious metals, and to dispose of such materials.
5. 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.
6. 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.
7. 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 cremator 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.
8. In the event the cremated remains of the Deceased remain unclaimed for a period of 30 days after the cremated remains are available to be retrieved by the person designated on the Authorization for Return of Cremated Remains form, the Funeral Home shall give written notice by Certified Mail to me us and to the person designated on the Authorization for Return of Cremated Remains form. I/We agree that in the event the cremated remains of the Deceased remain unclaimed for a period of 30 days after the date such written notification is mailed, the Funeral Home is authorized and directed to mail the unclaimed cremated remains of the Deceased by Priority Mail Express via United States Postal Service to the individual designated on the Authorization for Return of Cremated Remains form.
9. 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.
10. Except as set forth in this Authorization, no warranties, expressed or implied, are made by the Funeral Home, Crematory, or any of their respective affiliates, agents, or employees.

Listed below are all implanted mechanical and radioactive devices implanted in the remains of the Deceased. If no instruction for disposition is given, such items may be disposed of at the discretion of the Funeral Home.

(Description of Implanted Devices)	(Disposition)
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SIGNATURE OF PERSON(S) AUTHORIZING CREMATION AND DISPOSITION

(Printed Name)	(Printed Name)
(Signature)	(Signature)
(Date)	(Relationship to Deceased)
(Date)	(Relationship to Deceased)
(Street Address)	(Street Address)
(City, State, Zip Code)	(City, State, Zip Code)
(Telephone Number)	(Telephone Number)
(Company Representative - Print Name)	(Company Representative - Signature)
(Date)	(Date)

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