

AUTHORIZATION FOR CREMATION AND DISPOSITION

DECEASED: _____
FUNERAL HOME: _____

SEX OF DECEDENT: _____

I authorize All Caring Cremations, Joshua Tree Memorial Park, or Cremation Centers of California (if deceased is over 250lbs), (the "Crematory"), to cremate the body of the decedent above (the "Decedent") in accordance with the crematory's rules and regulations and State law regulations. I certify I have the legal right to authorize cremation and control the disposition of the decedent's remains.

[NOTE: California law provides "Any person signing the authorization for the interment or cremation of any remains warrants the truthfulness of any fact set forth in the authorization, the identity of the person whose remains are sought to be interred or cremated, and his or her authority to order interment or cremation. **He or she is personally liable for all damaged occasioned.**"]

CHECK

CHECK CORRECT RELATIONSHIP

- ____ I am making this authorization for myself.
- ____ I am the Agent under a Durable Power of Attorney for Health Care
(*Authorized counselor **MUST INITIAL** verifying document is valid and legally confers 7100 Right*) **INITIALS:** _____
- ____ I am the surviving spouse of the decedent.
- ____ I am the surviving Registered Domestic Partner of the decedent.
- ____ I am (We are) the surviving child (children- all or majority)
→→ _____ **number of children** There being no surviving spouse/domestic partner)
- ____ I am (We are) the surviving parent (parents)
→→ _____ **number of parents** There being no surviving spouse/domestic partner or children.
- ____ I am (We are) all or a majority of the surviving sister(s) and brother(s)
→→ _____ **number of sisters and brothers** There being no surviving spouse/domestic partner, children, or parents. I am
- ____ (We are) all or a majority of the surviving niece(s) and nephew(s)
→→ _____ **number of nieces and nephews** There being no surviving spouse/domestic partner, children, parents, sisters, and brothers.
- ____ I am (We are) all or a majority of the surviving next of kin of closest degree of decedent as defined in California Probate Code 6400 et seq. and California Health and Safety Code 7100.

Mechanical or Radioactive Devices. Mechanical or radioactive devices, such as pacemakers, may be a hazard if placed in the cremation chamber. The Crematory will therefore not knowingly cremate any remains which contain such a device.

I certify that the remains of the Decedent DO _____ DO NOT _____ contain a mechanical or radioactive device.

If the decedent's remains do contain such a device, I authorize the Crematory to arrange for the removal of the device prior to the cremation. I further authorize the Crematory or its agent to dispose of any such device as it deems appropriate, unless other instructions are given here:

INITIAL _____ I agree to indemnify and hold the Crematory harmless from any and all claims or damages, including damage to the retort(s) or injuries suffered by the Crematory's employees, which arise from my failure to timely notify the Crematory of any mechanical or radioactive implants in the body of the Decedent.

Weight Limits. Due to limitations on the cremation chamber, and restrictions by the local air quality district, the Crematory must make special arrangements to cremate anyone in excess of 300 lbs. In the event the Decedent is over 300 lbs, another crematory may be used, and additional charges will apply.

I certify that the Decedent is under 300 lbs. YES _____ NO _____
(Note: If NO, an additional charge may apply)

Obligation of Crematory; Limitation on Damages. The obligation of the Crematory shall be limited to the cremation of the Decedent and the disposition of the cremated remains as directed herein. I agree to release and hold the Crematory, its affiliated companies and their employees and agents harmless from any and all loss, damages, liability or causes of action (including attorneys' fees and cost of litigation in connection with the cremation and disposition of the cremated remains as authorized herein, or the failure to properly identify the Decedent or to take possession of or make arrangements for the permanent disposition of the cremated remains. No warranties, express or implied, are made by the Crematory and damages shall be limited to the refund of the fee paid for the cremation.

INITIAL CORRECT DISPOSITION BELOW

Disposition: I authorize the Crematory to take the action I've indicated below with respect to the cremated remains.

Release the remains to: Funeral Home _____

or Authorized Person(s) _____ Telephone _____

[NOTE: I understand that if the cremated remains are not picked up within twenty (20) days after the cremation, the Crematory may deliver the remains to a licensed cemetery for final disposition in a manner which may make the remains non-recoverable.]

Mail the remains to: _____

(Name & Address) **ADDITIONAL FEE FOR MAILING WILL APPLY**

[NOTE: Remains will be mailed via U.S. Postal Service, registered with return receipt requested. I understand that the Funeral Home is acting solely as my agent in mailing the remains, and I agree that the Funeral Home shall not be liable if the remains are delayed, lost or damaged while in the custody of the U.S. Postal Service.]

Hand Deliver remains to: _____

(Name & Address) **ADDITIONAL FEE FOR DELIVERY WILL APPLY**

Scatter at sea via the Crematory off the Coast of San Diego. ADDITIONAL FEE FOR SCATTERING WILL APPLY

[NOTE: I understand that the Crematory is acting solely as my agent as an accommodation to me in arranging for the scattering of the remains.]

Cremation Container. The Crematory will not accept the remains of the Decedent for cremation unless they are in a leak resistant, rigid combustible cremation container or casket. I authorize the Crematory to remove and dispose of handles, ornaments or other non-combustible parts of the cremation container or casket. If the remains arrive at the Crematory in a non-combustible casket or other container, I authorize the Crematory to place the remains in a combustible cremation container and to lawfully dispose of the non-combustible casket or other container in any manner it deems appropriate.

Mementos, Jewelry, Dental Gold/Silver & Other Foreign Materials. Items such as personal mementos, jewelry, dental gold and silver, hinges, latches, nails, screws, staples, plates, metal prosthesis or implants and other foreign materials placed in the cremation chamber with the Decedent will either be destroyed or rendered unrecognizable. Crematory may dispose of any non-combustible items such as a metal prosthesis or implant for the purpose of re-incinerating the item at a higher temperature in order to complete full destruction of the implant to necessitate the recycling of the metallic alloys. All proceeds from recycling are used to reduce cost of cremation.

The Cremation Process. I acknowledge the following: The human body burns with the casket, container, or other material in the cremation chamber. Some bone fragments are not combustible at the incineration temperature and, as a result, remain in the cremation chamber. During the cremation, the contents of the chamber may be moved to facilitate incineration. The chamber is composed of ceramic or other material which disintegrates slightly during each cremation and the product of that disintegration is commingled with the cremated remains. Nearly all of the contents of the cremation chamber, consisting of the cremated remains, disintegrated chamber material, and small amounts of residue from previous cremations, are removed together and crushed, pulverized, or ground to facilitate inurnment or scattering. Some residue remains in the cracks and uneven places of the chamber. Periodically, the accumulation of this residue is removed and interred in a dedicated cemetery property, or scattered at sea.

Time of Cremation. The cremation will take place after all required permits are obtained, this completed and signed Authorization is received by the Crematory, and after any scheduled funeral ceremony at which the decedent's body is to be present has been concluded. The Crematory will perform the cremation according to its schedule, and at its discretion, without obtaining any further authorizations or instructions, unless the right of the person signing this document to authorize the cremation is contested by someone. In that event the Crematory may delay the cremation while it determines whether and how to proceed.

FOR MORE INFORMATION ON FUNERAL, CEMETARY, AND CREMATION MATTERS CONTACT: STATE OF CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS / CEMETARY AND FUNERAL BUREAU 1625 NORTH MARKET BOULEVARD, SUITE S-208, SACRAMENTO, CA 92834, (916) 574-7870.

SIGN

WITNESS: IF THIS DOCUMENT IS NOT SIGNED BEFORE A STAFF MEMBER OF FUNERAL HOME OR CREMATORY, PLEASE ATTACH A PHOTOCOPY OF PHOTO IDENTIFICATION WITH SIGNATURE OR IF NO PHOTO ID WITH SIGNATURE, THEN ALL SIGNATURES NEED TO BE NOTARIZED.

DATE SIGNATURE PRINT NAME RELATIONSHIP TO DECEDENT

ADDRESS PHONE NUMBER

DATE SIGNATURE PRINT NAME RELATIONSHIP TO DECEDENT

ADDRESS PHONE NUMBER

DATE SIGNATURE PRINT NAME RELATIONSHIP TO DECEDENT

ADDRESS PHONE NUMBER

Funeral Home Authorized Signature _____