

# FLAGSTAFF CREMATORY- AUTHORITY TO CREMATE

The undersigned (hereinafter referred to as the "Authority Agent(s)" hereby certifies that he/she is the legal custodian(s) of the herein named Deceased (hereinafter referred to as the "Deceased"), having full legal authority to authorize the cremation and processing of the cremated remains of the Deceased and hereby requests and authorizes Flagstaff Crematory (hereinafter referred to as the "Crematory") to take possession of and make necessary arrangements for the cremation and processing of the remains of:

**Name of Deceased:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Date of Death** \_\_\_\_\_ **Place of Death** \_\_\_\_\_ in accordance with and subject to: **(a)** the terms and conditions set forth in this Authorization, **(b)** the Crematory rules and regulations and **(c)** any applicable state or local laws, rules or regulations.

**A.** The remains of the Deceased will not be accepted for cremation unless they are received in a leak resistant, rigid cremation container. The Crematory reserves the right to accept or reject a cremation container constructed of non-combustible materials. The Crematory is authorized to remove and discard handles or other items attached to the cremation container which may cause damage to the cremation chamber.

**B.** The Authorizing Agent(s) understands that due to the nature of the cremation process certain materials, including body prostheses, dental bridgework, dental fillings, or personal articles accompanying the remains will either be destroyed or will not be recoverable.

**C.** Any devices implanted in the Deceased may create a hazardous condition when placed in a cremation chamber. The Crematory will not therefore, cremate any human remains which contain any type of implanted devices. **The Authorizing Agent(s) certifies that the remains ( ) do or ( ) do not contain any type of implanted device.** In the event the remains of the Deceased do contain such a device, the Authorizing Agent(s) hereby authorizes and instructs the Crematory, its agents and employees, to secure the removal of any and all devices from the remains prior to commencement of the cremation process. The Authorizing Agent(s) also agrees to indemnify the Crematory, its affiliates, and their agents and employees against loss from any and all claims, demands or damages which may be made or declared against it or them by reason of the failure of the Authorizing Agent(s) to timely disclose the existence of such implanted device(s). The following describes all existing devices including **all** devices which have been implanted in or attached to the Deceased to be removed from the remains of the Deceased and disposed of as instructed:

If no instruction for disposition of the device is given herein, the Crematory is authorized to dispose of such a device at its sole discretion.

**D.** Cremated remains consist primarily of bone fragments. The Authorizing Agent(s) understands that even with the exercise of reasonable care and the use of its best efforts, the Crematory may not be able to recover all the particles of the cremated remains of the Deceased.

**E.** The obligation of the Crematory shall be limited to the cremation of the remains of the Deceased. The Authorizing Agent(s) agrees to release and hold the Crematory, its affiliates and their agents, employees and assigns harmless from any and all losses, damages, liability or cause of action (including attorney's fees and expenses of litigation) in connection with the cremation as authorized herein of the failure of the Authorizing Agent(s) to identify properly the remains of the Deceased. No warranties expressed or implied are made and damages shall be limited to the refund of the cremation fee paid hereunder.

**F.** A Crematory Authority may dispose of the cremated remains in any legal manner agreed to by the Authorizing Agent(s). If the Authorizing Agent(s) agrees to take possession and does not take possession of the remains within thirty days after cremation or on an agreed date, the Crematory Authority shall send written notice to the last known address of the Authorizing Agent(s) to take possession. Ninety days after the notification, the Crematory Authority may dispose of the cremated remains in any legal matter. (A.R.S. 32-1393)

**Disposition of Cremated Remains** \_\_\_\_\_

**I/WE UNDERSTAND THAT CREMATION CANNOT TAKE PLACE UNTIL THE MEDICAL AUTHORITY COMPLETES THE DEATH CERTIFICATE AND THE COUNTY AUTHORITY AUTHORIZES THE CREMATION TO TAKE PLACE. AT THAT TIME THE CREMATORY WILL SCHEDULE CREMATION.**

**I/WE UNDERSTAND THAT SCHEDULING DOES NOT INCLUDE WEEKENDS AND/OR HOLIDAYS.**

**I/WE UNDERSTAND THAT THERE ARE SPECIAL CIRCUMSTANCES THAT REQUIRE SPECIAL CARE. THE CREMATORY WILL TRY TO ACCOMMODATE THESE NEEDS, WHICH REQUIRES SPECIAL SCHEDULING. WE WILL TAKE THOSE NEEDS INTO CONSIDERATION.**

**Signature of person/persons authorizing cremation and disposition. \***

**Signature** \_\_\_\_\_

(Authorized Agent)

Printed Name \_\_\_\_\_

Relationship to Deceased \_\_\_\_\_

Address \_\_\_\_\_

(Mailing Address)

City/State/Zip \_\_\_\_\_

Telephone No. \_\_\_\_\_

**Signature** \_\_\_\_\_

(Authorized Agent)

Printed Name \_\_\_\_\_

Relationship to Deceased \_\_\_\_\_

Address \_\_\_\_\_

(Mailing Address)

City/State/Zip \_\_\_\_\_

Telephone No. \_\_\_\_\_

**Funeral Home Representative** \_\_\_\_\_ **Richard Lozano** **Date** \_\_\_\_\_

**Funeral Home Name** \_\_\_\_\_ **Lozano's Flagstaff Mortuary & Crematory** **Telephone** \_\_\_\_\_

\* Unless previously authorized by the Deceased in accordance with applicable state law, no cremation may take place without written authorization from the next of kin of the Deceased, or the Deceased's legal representative.

**The next of kin the person or persons described below are in the following order:**

- |                                   |   |  |
|-----------------------------------|---|--|
| <b>(a) Surviving Spouse</b>       | <b>(c) Both Surviving Parents</b>             | <b>(e) All Surviving Aunts and Uncles</b>    |
| <b>(b) All Surviving Children</b> | <b>(d) All Surviving Brothers and Sisters</b> | <b>(f) All Surviving First Cousins, etc.</b> |