Bagnell & Son Crematory

AUTHORIZATION, IDENTIFICATION AND DISPOSITION FORM

I\WE, the undersigned having viewed and identified the remains, do certify and represent that I\WE have the full legal authority to authorize cremation, processing and disposition of the remains of the deceased,
Name _____ SS # _____ D.O.B. _____
Date of Death _____ Place of Death _____ T.O.D. _____
(HEREINAFTER REFERRED TO AS THE "DECEASED")

I\WE hereby request and authorize **Heritage Funeral Directors**
(HEREINAFTER REFERED TO AS THE FUNERAL HOME).
To take possession of and make arrangements for the cremation of the deceased at
BAGNELL & SON CREMATORY.
(HEREINAFTER REFERRED TO AS THE CREMATORY).

The cremation, processing and disposition of the remains of the deceased authorized herein shall be performed in accordance with all applicable laws and regulations.

This is a legal document. It contains important provisions concerning cremation. Cremation is irreversible and final. **Please read this entire document carefully before signing**.

1. The remains of the deceased will only be accepted in a ridged combustible leak proof container. The cremation container will be provided by the crematory at the request of the funeral home. In the event the remains of the deceased are received in a casket or other non-combustible container. I\We authorize the crematory to place the remains in an approved container for cremation. I\We authorize the crematory to dispose of any non-combustible material.

2. Mechanical and radioactive material implanted in the deceased (pacemakers, etc.) May create a hazard when placed in the cremation chamber. In the event such a device exists, I\We hereby authorize the crematory to remove such mechanical devices from the remains of the deceased prior to cremation.

3. I/We hereby certify that the remains of the deceased **does**_____ **does not** _____ contain any mechanical or radioactive implant. Please list all implanted mechanical and radioactive devices, which the crematory is authorized to remove. _____ _____. (Description of device)

4. I\We have been offered the opportunity to identify the remains and assume full responsibility for the identification.

5. The cremation container containing the remains of the deceased will be placed in the cremation chamber and will be totally and irreversibly destroyed due to prolonged exposure to intense heat.

6. **DNA, will be totally and irreversibly destroyed**. Signature:_____
Date:_____

7. Items, including but not limited to dentures, dental bridgework, jewelry, and body prosthesis maybe destroyed during the cremation process.

8. I/We hereby authorize the crematory to separate and remove from the cremation chamber all noncombustible materials and to dispose of such materials in a lawful way.

9. Following cremation the remains of the deceased will be mechanically pulverized to an unidentifiable consistency prior to placement in an urn or other container.

10. I/We understand and acknowledge, that even with the exercise of reasonable care and use of the crematory's best effort, it is not possible to recover all particles of the cremated remains of the deceased, and that some particles may inadvertently become co-mingled with particles of other cremated remains remaining in the cremation chamber and/or other devices used to process the cremated remains. I/We hereby authorize the crematory to dispose of any such residual particles in a lawful manner.

11. Unless specific written instructions are given, the cremation, processing and disposition of the remains of the deceased will not be performed in accordance with any particular religious or ethnic customs.

12. The Crematory is Authorized to perform the cremation upon receipt of the human remains, at its discretion, as work permits, without obtaining any further authorizations or instructions

13. In the event the cremated remains remain unclaimed for a period of thirty days, the funeral home shall give written notice to me/us by certified mail at the address indicated below. In the event the cremated remains remain unclaimed for a period of 120 days after the date such written notification is mailed, the funeral home is authorized to dispose of unclaimed remains in a lawful manner it deems appropriate.

14. I/We agree to indemnify, release and hold the crematory and other agents, employees harmless from any and all loss, damages, ability or causes of action (including attorney's fees and expense of litigation) in connection with the cremation and disposition of the cremated remains of the deceased as authorized herein. My/Our failure to correctly identify the remains of the deceased, disclose the presence of any implanted mechanical or radioactive device, or make permanent arrangements for the disposition of the deceased.

15. No warranties, expressed or implied, are made by the crematory, funeral home or any of their affiliates, agents or employees.

16. I/We understand that this document does not contain a complete and/or detailed description of all aspects of the cremation process.

17. I/We warrant that all representations and statements made herein are true and correct, and that I/We have read and understand the provisions in this document. I/We authorize **Bagnell & Son Crematory** to perform the cremation of the deceased.

Signature: _____ Print Name: _____

Relationship: _____ Date: _____

Address: _____City:_____

State: _____Zip Code: _____ Phone Number_____

Signature: _____ Print Name: _____

Relationship:_____ Date: _____

Address: _____ City:_____

State: _____ Zip Code: _____ Phone Number_____

Notary:_____ License: _____