FAMILY CREMATION SERVICES
312 & 313 Robinson Lane
Wilmington, DE 19805
(302) 650-4982

CREMATION AND DISPOSITION AUTHORIZATION

Cremation Facilities and Cold Storage Located at the Above Addresses. Owned and Operated by Mealey Funeral Homes since 2002

NAME OF DECEASED	DATE OF DEATH	AGE	SEX

PLACE OF DEATH	CITY	STATE	DATE OF BIRTH

AUTHORITY OF THE REPRESENTATIVE: The REPRESENTATIVE warrants and represents to the FUNERAL HOME that the REPRESENTATIVE is the person or the appointed agent of the person who by law has the paramount right to arrange and direct the disposition of the remains of the DECEDENT and that no other person(s) has a superior right over the right of the REPRESENTATIVE. I (we) the undersigned hereby certify that I am the closest living next-of-kin of the decedent and that I am related to the decedent as his/her_____that I have charge of the remains of the decedent and as such possess full legal authority and power, according to the laws of the State of Delaware, to execute the authorization form and to arrange for the cremation and disposition of the cremated remains of the decedent.

PACEMAKERS: All pacemakers and radioactive implants/seeds may be dangerous when placed in a cremation chamber and must be removed prior to delivering the decedent to Family Cremation Services. Please initial one of the next two options:

The decedent's remains **DO NOT** contain a pacemaker, radioactive implant or any other battery-operated device that could be harmful to the crematory _____

The decedent's remains **DO** contain a pacemaker, radioactive implant, or battery-operated device. By my initials below, I hereby grant Mealey Funeral Homes authority to remove, or in the case of radioactive implants, cause to be removed by a competent medical provider. _____

RELEASE OF CREMATED REMAINS: After the cremation has taken place, the cremated remains have been processed and the processed cremated remains have been placed into the designated receptacle, Mealey Funeral Homes shall arrange for the disposition of the cremated remains as follows. The Authorizing Agent allows Mealey Funeral Homes to release the cremated remains as follows:

_____Release cremated remains to _____
_____Inter/Entomb cremated remains in _____
_____Other, Please Describe _____

INDEMNIFICATION: The REPRESENTATIVE acknowledges that the FUNERAL HOME is relying upon the accuracy and truthfulness of the representations and warranties of the REPRESENTATIVE that were made above. As the Authorizing Agent(s), I (We) hereby agree to indemnify, defend, and hold harmless the Funeral Home of Record and Family Cremation Services, its officers, agents and employees, of and from any and all claims, demands, or causes of action, and suits of every kind, nature and description, in law or equity, including any legal fees, costs and expenses of litigation, arising as a result of, based upon or connected with this authorization, including the failure to properly identify the decedents of the human remains transported to the crematory, the processing, shipping and final disposition of the cremated remains, the failure to take possession of or make proper arrangements for the final disposition of the cremated remains, claims brought by any other person(s) claiming the right to control the disposition of the decedent or the decedent's cremated remains, or any other action performed by the Funeral Home of Record, its officers, agents, or employees, pursuant to this authorization, excepting only acts of gross negligence.

SIGNATURE OF REPRESENTATIVE: This is a legal document. It contains important provisions concerning cremation. Cremation is irreversible and final. By executing this Cremation Authorization Form, as Authorizing Agent, the undersigned warrants that all representations and statements contained on this form are true and correct, that these statements were made to direct Mealey Funeral Homes and Family Cremation Services to cremate the human remains of the decedent, and that the undersigned has read and understand the provisions contained in this document.

_____

Signature of REPRESENTATIVE ***Relationship to Deceased*** ***Date***