

NOTICE: THIS IS A LEGAL DOCUMENT. IT CONTAINS PROVISIONS CONCERNING CREMATION. CREMATION IS IRREVERSIBLE AND FINAL. READ THIS DOCUMENT CAREFULLY BEFORE SIGNING.

Regarding the cremation of:

(The Deceased)

This document describes many of the policies and requirement of All-Mortuary & Crematory Services, Inc., (The "Arranger," hereinafter referred to as the Arranger). We prefer each Authorizing Agent(s) to read this carefully and initial where indicated before executing this authorization. It is the responsibility of the legal supervisors, not the Arranger or All Mortuary & Crematory Services, Inc. The "Crematory," hereinafter referred to as the Crematory), or its assigns, to make sure all required signatures are provided. It may be necessary to fax this document to another legal representative(s) or next of kin(s) upon your direction. We prefer that the form be signed and then witnessed by a third-party, such as a notary.

I/we hereby certify that I/we have the full legal authority to authorize the cremation of the remains of _____, ("The Deceased", herein referred to as the Deceased), and I/we hereby authorize and direct the crematory or its assigns to take possession of, cremate, process, and make final disposition of the deceased in accordance with and subject to:

- A.) The terms and conditions set forth in this authorization.
- B.) The Crematory's rules and regulations and any applicable laws.
- 1.) I/we hereby certify and represent that the remains delivered for cremation are those of the Deceased.
- 2.) The crematory agrees only to cremate the Deceased's remains and dispose of the cremated remains directed herein. No warranties, expressed or implied, are made and damages shall be limited to the fee paid.
- 3.) I/we understand that due to the nature of the cremation process, any valuable material will either be destroyed or not recoverable. Accordingly, I/we represent and warrant to the Crematory that any personal possession(s) of the Deceased have either been removed from the remains or will be destroyed during the cremation process.

3.) Initial _____

- 4.) Mechanical devices implanted in the Deceased may create a hazardous condition when placed in the cremation chamber. I/we understand that the Crematory will not, therefore, cremate any human remains which contain any type of mechanical device such as a pacemaker or defibrillator. I/we further certify that the remains DO _____ DO NOT _____ contain any type of implanted mechanical device. In the event the remains of the Deceased do contain such a device, I/we hereby authorize and instruct the Crematory, its agents and employees, to contact the appropriate person(s) and secure the removal of any and all mechanical devices from the remains prior to commencement of the cremation process. I/we also agree 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 by or declared against it or them by reason of my/our failure to timely disclose the existence of such an implanted mechanical device or devices.

Authorization for Cremation & Disposition, page 2/3

Regarding the cremation of:

(The Deceased)

- 5.) The following list describes all existing devices and/or radioactive implants, (including all mechanical and/or prosthetic devices which may be implanted in or attached to the Deceased) to be removed from the remains of the Deceased and disposed of as instructed below:

Description: _____ Disposition: To Waste

5.) Initial _____

- 6.) Cremation is irreversible and final. The following is my/our decision regarding viewing of the Deceased prior to the cremation process: (Initial one):

YES _____ I/we DO wish to view the Deceased before the cremation takes place
(Additional charges may apply for viewing)

NO _____ I/we DO NOT wish to view the Deceased before the cremation takes place.

- 7.) In order to avoid any misunderstanding, the Arranger and/or Crematory shall make final disposition of the cremated remains as follows: (list name of person(s) authorized to pick up ashes):

(In the event the Authorizing Agent(s) requests that the cremated remains are shipped, they will be shipped via U.S. Registered Mail. The Arranger and/or Crematory is not responsible for any loss or damage of cremated remains shipped via Registered mail with the United States Postal Service.)

7.) Initial _____

- 8.) If permanent arrangements for final disposition of the cremated remains are to be carried out by the undersigned (or my/our duly authorized representatives), and have not been completed within 30 (THIRTY) days after the date of their availability for final disposition, I/we authorize the Crematory to dispose of the cremated remains in any lawful manner it may deem suitable. Furthermore, I may be charged for the disposal of the cremated remains, as well as the storage of the cremated remains at a rate of \$30 per day after 30 days.

8.) Initial _____

- 9.) The Crematory is authorized to perform the cremation upon receipt of the human remains, at its discretion, and according to its own time schedule, as work permits, without obtaining further instructions.

9.) Initial _____

- 10.) 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 cremation chamber and/or other devices utilized to process the cremated remains. I/we agree and hereby authorize the Crematory to dispose of any such residual particles in any lawful manner it deems appropriate.

10.) Initial _____

Authorization for Cremation & Disposition, page 3/3

Regarding the cremation of:

(The Deceased)

11.) I understand that the cremated remains are bone fragments which will be processed to permit their placement in an urn or other container. In the event the capacity of the urn or other container is insufficient to accommodate all of the processed remains, the Crematory is hereby authorized to place excess, processed remains in a nonornamental container.

11.) Initial _____

12.) I/we further agree to indemnify and save harmless the Crematory, its affiliates, and their agents and employees from any and all liability whatsoever kind (except for willful or intentional negligence), or claim therefore, for whatsoever they, or any of them, may do by virtue hereof.

12.) Initial _____

Unless previously authorized by the Deceased in accordance with applicable state law, no cremation may take place without written authorization from the nearest next of kin to the Deceased, or the Deceased's legal representative. The nearest of kin is the surviving person(s) described in the following order: A) Prior Authorization (Self or POA); B) Court appointed or court nominated Personal Representative; C) Spouse D) Majority of Adult Children; E) Parent(s); F) Majority of Siblings G) Majority of Uncle(s)/Aunt(s), etc.

By executing this cremation authorization, as Authorizing Agent(s), the undersigned warrants that all representations are true and correct, that those statements were made to induce Crematory to cremate the human remains of the Deceased, and that the undersigned has read and understands every provision contained in this document. IF YOU HAVE QUESTIONS OR CONCERNS ABOUT ANYTHING IN THIS DOCUMENT, PLEASE ASK.

I/we are not aware of any living person who has a superior priority right to that of the Authorizing Agent(s), and I/we are aware of no objection to the cremation by any other legal representative or next of kin to signing this form. Also, I/we agree to indemnify and hold the Arranger, the Crematory, its officers, agents, and employees harmless from any and all loss, costs, or damages it or they may suffer or incur by reason of acting upon the order and authorization set forth. Separate authorization(s), if necessary, shall be attached to, and considered part of this form.

Signer: Please include a copy of a photo ID or Driver's License

RELATIONSHIP TO DECEASED OR AUTHORITY TO SIGN		
SIGNATURE		DATE
PRINTED NAME	PHONE	
ADDRESS		
CITY	STATE	ZIP
SIGNATURE OF WITNESS		DATE
PRINTED NAME OF WITNESS		

**Electronic signature not
accepted. Please print
form, sign and return:**

Fax: 303-722-0874

or scan document
and Email:

info@allmortuary.com

