

**The undersigned hereby warrants to be legally
entitled to authorize the cremation of:**

(The Deceased)

Through A Basic Cremation Services, Inc. (The Arranger), and direct and authorize All Mortuary & Crematory Services, Inc. (The Crematory), or its assigns, to perform the cremation. The undersigned further confirms to have requested the Arranger and/or Crematory to cremate the body of the Deceased and has e-mailed or faxed the Cremation Authorization Form to the Arranger or Crematory. Accordingly, in connection with that request, the undersigned hereby confirms the following:

- 1.) To have carefully reviewed the Cremation Authorization Form;
- 2.) To understand the cremation process;
- 3.) To have confirmed with any other person who has any rights to authorize a cremation that there is no objection;
- 4.) To have legally authorized the Arranger and/or Crematory to cremate the body of the Decedent;
- 5.) Will send the original Cremation Authorization Form and this release to the Arranger and/or Crematory at the stated address, and within 3 (three) days;
- 6.) The Arranger or Crematory can rely on this Confirmation, Release and Indemnification Agreement e-mailed or faxed to it. The undersigned accordingly releases and forever discharges the Arranger and/or Crematory, their employees, officers, directors, shareholders, successors, or assigns from all claims, demands and causes of actions, including for negligence, that the undersigned now has or which may subsequently accrue to the undersigned arising out of or connection with, directly or indirectly, the cremation performed by the said Crematory on the basis of the Crematory's relying on the representations made by the undersigned herein and the authorization form. The undersigned further agrees to hold the said Arranger and/or Crematory, its employees, agents and owners harmless and to indemnify them for any liability, costs, expenses or legal fees with respect to all claims of any nature whatsoever made by any person or entity, including any other members of the family and relatives of the decedent, with respect to all damages of every kind, nature, and description, alleged against them and arising out of any action performed with respect to the authorization to cremate the remains of the Decedent.

**Cremation authorization by electronic mail or facsimile
confirmation, release and indemnification agreement, page 2/2**

Regarding the cremation of:

(The Deceased)

I hereby acknowledge that I have read this Cremation Authorization by Electronic Mail or Facsimile Confirmation, Release and Indemnification Agreement, and understand its terms. I have executed this instrument voluntarily and with full knowledge of its significance.

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

***This form must be witnessed and e-mailed or faxed back with a valid copy of Your i.D. (Such as a driver license). Electronic signature not accepted.**

Please return signed form to us by fax: 303-722-0874

Or email: info@allmortuary.com

