

# Alexandria Crematory

Authority to Cremate and Order for Disposition

I/We, the undersigned (the "Authorizing Agent(s)"), hereby request and authorize \_\_\_\_\_ (hereinafter referred to as "Funeral Home") License No. \_\_\_\_\_ and Alexandria Crematory (hereinafter referred to as the "Crematory") to take possession of and make arrangements for the cremation of and the final disposition of the Decedent named below (the "Decedent") in accordance with and subject to the provisions set forth in this document, and in accordance with and subject to their rules and regulations, and any applicable state or local laws or regulations.

Name of Deceased: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Date of Death: \_\_\_\_\_ Time of Death: \_\_\_\_\_ Place of Death: \_\_\_\_\_

Funeral Director in Charge: \_\_\_\_\_ License No. \_\_\_\_\_ Location: \_\_\_\_\_

## PACEMAKERS, PROSTHESES, AND RADIOACTIVE IMPLANTS

Mechanical, radioactive devices or implants in the Decedent may create a hazardous condition when placed in a cremation chamber. All pacemakers must be removed prior to delivery of the Decedent to the Crematory and may be removed by personnel of the Funeral Home.

Do the decedent's remains contain a pacemaker, defibrillator or any device that contains batteries? **Yes** \_\_\_ **No** \_\_\_

**If yes**, I/We hereby give full permission to the Funeral Home to remove the pacemaker, defibrillator or any device that contains batteries prior to delivery to the Crematory.

**Initials** of Authorizing Agent(s): \_\_\_\_\_

The Decedent's remains **DO NOT** contain a pacemaker, defibrillator or any other device that could be harmful to the Crematory.

**Initials** of Authorizing Agent(s): \_\_\_\_\_

Was the decedent treated with radioactive implants? **Yes** \_\_\_ **No** \_\_\_

If yes, the following list contains all radioactive implants and date of implantation:

\_\_\_\_\_

The body of most radioactive implant patients can be cremated safely at any time. If the body is to be cremated less than 20 months from the date of the radioactive implant, the cremated remains should not be processed and should be put in a metal urn for storage or burial. Cremated remains should not be scattered until 20 months from the date of the implant. If the date of radioactive implantation is less than 14 days, the physician or hospital must be notified.

Do the decedent's remains contain any other mechanical or prosthetic devices? **Yes** \_\_\_ **No** \_\_\_

If yes, the following list contains all mechanical and/or prosthetic devices, which are implanted in or attached to the Decedent:

\_\_\_\_\_

I/We understand that if the Funeral Home has not been notified about such devices or implants, and not instructed to remove them; I/We are responsible for any damages caused to the Crematory or crematory personnel by such implants or devices.

**Initials** of Authorizing Agent(s): \_\_\_\_\_

INFECTIOUS, CONTAGIOUS, COMMUNICABLE, OR OTHERWISE DANGEROUS DISEASES

Did the death occur as a result of a disease declared by the Department of Health and Hospitals to be infectious, contagious, communicable, or otherwise dangerous to the public health, if known? Yes \_\_\_ No \_\_\_

DECLARATION OF INTENT FOR THE DISPOSITION OF CREMATED REMAINS

The Crematory is to return the cremated remains of the Decedent to the possession and custody of the Funeral Home. I/We understand that the services and obligations of the Crematory shall be fulfilled when the cremated remains of the Decedent are returned to the possession and custody of the Funeral Home. If the cremated remains are unclaimed after 60 days from the date of cremation, the cremated human remains may be disposed of by the funeral home in any manner permitted by law.

I/We hereby authorize the funeral home to arrange for the disposition of the cremated remains of the deceased as follows:

Initials of Authorizing Agent(s): \_\_\_\_\_

AUTHORITY OF AUTHORIZING AGENT(S)

I/We hereby certify that the Decedent left the surviving heirs at Law: (Please circle Yes or NO on each one)

Spouse Yes No Name: \_\_\_\_\_

Children Yes No # of Surviving Children \_\_\_\_\_  
Name(s): \_\_\_\_\_

\_\_\_\_\_

Parents Yes No Name(s): \_\_\_\_\_

Siblings Yes No # of Surviving Siblings \_\_\_\_\_  
Name(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other Name(s) and Relationship: Name(s): \_\_\_\_\_

\_\_\_\_\_

Separate authorization(s), if necessary, shall be attached to, and considered part of this form.

DISCLOSURES, WARRANTIES AND PERMISSION (INITIAL EACH)

I/We certify that the deceased person named above gave specific directions in the form of a written and notarized declaration to be cremated. Yes \_\_\_ No \_\_\_

Initials of Authorizing Agent(s): \_\_\_\_\_

I/We have been offered the opportunity to personally identify the remains and assume full responsibility for the identity.

Initials of Authorizing Agent(s): \_\_\_\_\_

Due to the nature of the cremation process, any personal possession or valuable materials such as dental gold and silver, jewelry (as well as any body prostheses or dental bridgework) that are left with the Decedent and not removed from the casket or container prior to cremation may be destroyed and become non-recoverable. If not destroyed, the Crematory is authorized to dispose of such materials at its sole discretion. THE AUTHORIZING AGENT(S) UNDERSTANDS THAT ARRANGEMENTS MUST BE MADE WITH THE FUNERAL HOME TO REMOVE ANY SUCH POSSESSIONS OR VALUABLES PRIOR TO THE TIME THAT THE DECEDENT IS TRANSPORTED TO THE CREMATORY.

I/We understand that if I wish to remove and/or retain any item from the remains, I must do so directly or by authorized agent prior to the transportation of the Decedents to the crematory.

Initials of Authorizing Agent(s): \_\_\_\_\_

I/We give full permission for the following:

- a. The processing of the remains of the cremated remains.
- b. The disposal by the Crematory of metal or other non-human material recovered.

Initials of Authorizing Agent(s): \_\_\_\_\_

CREMATION INFORMATION

Unless otherwise indicated, the Crematory, or its authorizing agents, is authorized to perform the cremation upon receipt of human remains, at its discretion, and according to its own time schedule as work permits, without obtaining any further authorizations or instructions. The human body burns with the casket, container, or other material in the cremation chamber. Some bone fragments are not combustible at the incineration temperature and, as a result, remain in the cremation chamber. During the cremation, the contents of the chamber may be moved to facilitate incineration. The chamber is composed of ceramic or other material, which disintegrates slightly during each cremation, and the product of that disintegration is commingled with the cremated remains. Nearly all the contents of the cremation chamber, consisting of the cremated remains, disintegrated chamber material, and small amounts of residue from previous cremations, are removed together and crushed, pulverized, or ground to facilitate inurnment or scattering. Some residue remains in the cracks and uneven places of the chamber. Periodically, the accumulation of this residue is removed and interred in a dedicated cemetery property. The Crematory requires either a casket or an alternative (cremation) container for the cremation. After the cremated remains have been processed, they will be placed in the designated urn or container. The Crematory will make a reasonable effort to put all of the cremated remains in the urn or container, with the exception of dust or other residue that may remain on the processing equipment.

INDEMNITY

I/We declare under penalty of perjury that the foregoing certifications, representations and statements are true and correct, and that this statement is being made to induce the above named Crematory to cremate (or cause to be cremated) the remains of the Decedent named above. I/We agree to hold harmless, indemnify and defend the above named Funeral Home and Crematory as well as their representatives, directors, officers, agents, employees and shareholders, from and against all claims, liabilities, or damages whatsoever(including reasonable attorneys' fees) which may result from this authorization and order including the failure to properly identify the remains, failure to take possession or make proper arrangements for the final disposition of the cremated remains, the processing of remains shipping of remains, any explodable or harmful impact, infectious diseases, other persons claiming rights to control disposition of the remains, or nay other cause. No warranties, expressed or implied, are made and damages shall be limited to the amount of the cremation fee paid.

SIGNATURE OF AUTHORIZING AGENT(S)

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

I/We the undersigned, hereby certify that I/We am the closest living next of kin of the Decedent or that I/We otherwise serve (served) in the capacity of (Spouse/Child/Parent/etc.) \_\_\_\_\_ to the Decedent, that I/We have charge of the remains of the Decedent and as such possess full legal authority and power to execute this authorization form and to arrange for the cremation and disposition of the cremated remains of the Decedent. In addition, I/We are aware of no objection to this cremation by any spouse, child, parent or sibling specified.

By executing this cremation authorization form, as Authorizing Agent(s), the undersigned warrants that I/We have read and understand the provisions contained in this document.

Executed at (City/State) \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Printed Name: \_\_\_\_\_ Relationship to Decedent: \_\_\_\_\_

Signature of Authorizing Agent: \_\_\_\_\_

Witness Printed Name: \_\_\_\_\_ Signature of Witness: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Relationship to Decedent: \_\_\_\_\_

Signature of Authorizing Agent: \_\_\_\_\_

Witness Printed Name: \_\_\_\_\_ Signature of Witness: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Relationship to Decedent: \_\_\_\_\_

Signature of Authorizing Agent: \_\_\_\_\_

Witness Printed Name: \_\_\_\_\_ Signature of Witness: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Relationship to Decedent: \_\_\_\_\_

Signature of Authorizing Agent: \_\_\_\_\_

Witness Printed Name: \_\_\_\_\_ Signature of Witness: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Relationship to Decedent: \_\_\_\_\_

Signature of Authorizing Agent: \_\_\_\_\_

Witness Printed Name: \_\_\_\_\_ Signature of Witness: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Relationship to Decedent: \_\_\_\_\_

Signature of Authorizing Agent: \_\_\_\_\_

Witness Printed Name: \_\_\_\_\_ Signature of Witness: \_\_\_\_\_

If electronically transmitted, this form must be notarized and filled out below. The original copy of this document must be delivered directly to Alexandria Crematory without delay. Before me, undersigned authority, appeared

\_\_\_\_\_ who said he/she signed the above with his/her true signature, which appears thereon, in the presence of the parties and other witness, who also signed. Sworn to and subscribed to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_, at (City) \_\_\_\_\_ in the State of \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Printed Name of Notary Public

Notary # \_\_\_\_\_ (if applicable)

( SEAL or STAMP IN THIS AREA )

**REPRESENTATIONS OF FUNERAL DIRECTOR**

I warrant, to the best of my knowledge, that I have reviewed this form with the Authorizing Agent(s), that no member of our Funeral Home, has any knowledge or information that would lead us to believe that any of the answers provided by the Authorizing Agent(s) are incorrect, that the human remains delivered to the Crematory are represented as the human remains that we identified to our Funeral Home as the Decedent, that our Funeral Home obtained all the necessary permits authorizing the cremation and those permits are attached and that the representations concerning a pacemaker and other materials or implants that may be potentially hazardous are true.

Printed Name of Funeral Director: \_\_\_\_\_

Signature of Funeral Director: \_\_\_\_\_

License # \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_ Telephone #: \_\_\_\_\_