

Contract No. _____

Block No. _____

**AUTHORIZATION
FOR CREMATION AND DISPOSITION-RELATIVE(S) OR LEGAL REPRESENTATIVE**

This is a legal document. Please Read all information Carefully before Signing. This document contains important information about cremation. Cremation is an irreversible and final act.

Name of Decedent _____ Age _____ Date of Death _____

Funeral Home _____ Area Code/Phone _____

Mailing Address _____ City _____ State _____ Zip _____

I, the Undersigned, certify, warrant and represent that I have the full legal right and authority to authorize the cremation, processing, and disposition of the remains of _____ (Hereafter referred to as the Decedent.) I, hereby request and authorize _____ Funeral Home to take possession of and make arrangements for the cremation of the Decedent at Cedar Creek Crematory.

All cremations are performed individually. The cremation, processing and disposition of the remains of the decedent authorized herein shall be performed in accordance with all governing laws, rules, regulations and policies of the crematory and the funeral home, and also the following terms and conditions.

It is the policy of the crematory to require remains of the decedent be placed in some type of minimum rigid container. If the decedent is not in a container when it reaches the crematory, then the minimum container will be furnished and charged to the funeral home. When a casket is used, the crematory is authorized to remove and dispose of handles, ornaments and any other non-combustible material. I authorize the remains of the deceased to be removed prior to cremation and placed in a combustible container. We further authorize the crematory to dispose of any non-combustible casket in any lawful manner it deems appropriate.

PACEMAKERS MAY CREATE A HAZARD WHEN PLACED IN A CREMATION CHAMBER. THE CREMATORY WILL NOT CREMATE ANY REMAINS WHICH CONTAIN ANY TYPE OF IMPLANTED MECHANICAL OR RADIOACTIVE DEVICE. IN THE EVENT THE REMAINS CONTAIN SUCH A DEVICE, I HEREBY AUTHORIZE THE FUNERAL HOME, ITS AGENTS AND EMPLOYEES TO REMOVE ANY SUCH DEVICE FROM THE REMAINS PRIOR TO CREMATION AND DISPOSE OF SUCH ITEMS AT ITS DISCRETION. I UNDERSTAND THAT FAILURE ON MY PART TO NOTIFY THE FUNERAL HOME/CREMATORY OF SUCH IMPLANTS COULD RESULT IN DAMAGE TO CREMATORY WORKERS AND I WILL BE HELD LIABLE.

THE DECEASED DOES _____ DOES NOT _____ CONTAIN ANY TYPE OF IMPLANTED MECHANICAL OR RADIOACTIVE DEVICE.

The cremation container encasing the decedent will be placed in the cremation chamber and will be totally and irreversibly destroyed by prolonged exposure to intense heat and direct flame. I authorize the crematory to open the cremation chamber during the cremation process and reposition the remains of the decedent in order to facilitate a complete and thorough cremation.

When certain items including, but not limited to, body prosthesis, dentures, dental bridgework, dental fillings, jewelry, and other personal articles accompanying the remains of the decedent, are recovered from the cremation chamber, they may be separated from the cremated remains of the decedent and disposed of by the crematory. I hereby authorize the crematory to separate and remove from the cremation chamber all non-combustible material, including, but not limited to, hinges, latches, nails, jewelry, precious and semi-precious metals and to dispose of such materials.

Following cremation, the cremated remains of the decedent, consisting primarily of bone fragments, will be mechanically pulverized to an unidentifiable consistency prior to placement in an urn or other container. In the event said urn or container is insufficient to accommodate all the cremated remains of the deceased, any excess cremated remains will be placed in a secondary container and returned to the funeral home together with the primary container or urn.

I understand and acknowledge that even with the exercise of reasonable care and the Crematory's best effort, it is not possible to recover particles of the cremated remains of the decedent and that some particles may inadvertently become commingled with particles of other cremated remains remaining in the cremation chamber and/or devices utilized to process the cremated remains. I hereby authorize the Crematory to dispose of any such residual particles in any lawful manner it deems appropriate.

Release and Indemnity: As the Authorizing Agent(s), I/we hereby release and agree to indemnify, defend, and hold harmless the Crematory, funeral home, their respective affiliates, shareholders, directors, officers, agents, and employees of and from any and all claims, demands, damages, liabilities, 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 document, including, but not limited to, my failure to properly identify the Decedent or human remains delivered to the Crematory, the cremation, processing, shipping and disposition of the Decedent's remains as provided in the document, the failure to take possession of or make proper arrangements for the disposition of the Decedent's cremated remains, any damage due to a pacemaker or other potentially hazardous implants or materials infectious or contagious diseases, the disposal of metal or other nonhuman materials recovered to which may be affixed bone particles or other residue, claims brought by any other persons claiming the right to arrange, control, or authorize the cremation and disposition of the decedent's remains, or any other cause. No warranties, expressed or implied, including the implied warranties of merchantability and fitness for a particular purpose, are made the Crematory or funeral home and damages shall be limited to the amount of the cremation fee paid to the Crematory. I/we understand that this document does not contain a description of every aspect of the cremation process and disposition and as the Authorizing Agent(s) do hereby agree(s) that the Authorizing Agent(s) are fully bound by the provisions of this document.

DISPOSITION OF CREMATED REMAINS:

You are requested and this is your authority to deliver or make disposition of the cremated remains of _____ in the manner specified below. Check the block for only one option- A, B, or C and complete the following applicable information:

(A) Ship in destructible container Registered Mail To: _____ of _____ address _____ city/state/zip _____

OR

(B) I hereby designate the following person to pick up the cremated remains from the funeral home: name _____ of city/state _____ at or after, BUT WITHIN 30 DAYS OF, _____ o'clock _____ M on _____ (mo) _____ (day) _____ (yr).

In the event the cremated remains are not picked up as described above, you are requested and this is your authority to deliver the cremated remains via:

Ship in destructible container Registered Mail To: _____ of _____ address _____ city/state/zip _____

OR

(C) Scatter the cremated remains in the Cedar Creek Memorial Park lake.

I certify and represent that I have full power to make this authorization. I hereby agree to assume any and all liability for cost of damages should any litigation arise because of or in connection with said delivery and to release Cedar Creek Crematory and the funeral home, their affiliates, agents, employees, and assigns from any and all liability that may attach hereto by reason of said delivery to said named party.

In consideration of Cedar Creek Crematory waiving its rights to require a permanent urn for the cremated remains of the deceased, I hereby accept responsibility for shipment or delivery of said cremated remains in a receptacle other than required by said Cedar Creek Crematory.

SIGNATURE OF PERSON(S) AUTHORIZING CREMATION AND DISPOSITION:

By executing this document as Authorizing Agent(s), the undersigned warrant and attest that all representations and statements contained in this document are accurate and complete, that such representations and statements were made to induce the Crematory to cremate the human remains of the Decedent, and the undersigned have read and understand the provisions of this document.

SIGNATURE _____ RELATIONSHIP _____ DATE _____
Printed Name _____ Address/City/State _____

WITNESS SIGNATURE _____ Printed Name _____
Address/City/State _____

SIGNATURE _____ RELATIONSHIP _____ DATE _____
Printed Name _____ Address/City/State _____

WITNESS SIGNATURE _____ Printed Name _____
Address/City/State _____

SIGNATURE _____ RELATIONSHIP _____ DATE _____
Printed Name _____ Address/City/State _____

WITNESS SIGNATURE _____ Printed Name _____
Address/City/State _____

SIGNATURE _____ RELATIONSHIP _____ DATE _____
Printed Name _____ Address/City/State _____

WITNESS SIGNATURE _____ Printed Name _____
Address/City/State _____

ACKNOWLEDGEMENT

STATE OF _____
COUNTY OF _____

This instrument was acknowledged before me on the _____ day of _____ 2007 by _____

Notary Public in and for the
State of _____