

Authority to Cremate and Order for Disposition

Please Print or Type

I/We, the undersigned (the "Authorizing Agent(s)"), hereby request and Authorize _____ (name of Funeral Home) (hereinafter referred to as "Funeral Home" and Allied Crematory, LLC (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 on the front and reverse sides of this document, and in accordance with and subject to their rules and regulations, and any applicable state/provincial or local laws or regulations.

Name of Deceased: _____ Sex: _____ Race: _____ Age: _____

Cause of Death: _____ Place of Death: _____ Date of Death: _____

Funeral Director in Charge: _____ Date of Birth: _____

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

Does the Decedent's remains contain any such devices? YES or NO-- If yes, please list all the devices which should be removed prior to cremation: _____

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

Declaration of Intent for the Disposition of Cremated Remains

Initials of AA _____ I/We authorize the Crematory 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.

I/We hereby authorize the Funeral Home to arrange for the disposition of the cremated remains of the decedent as stated below:

Initials of AA _____ Deliver said Cremains to : _____

Initials of AA _____ Release the cremated remains to Allied Crematory, LLC for Chesapeake Bay Scattering Service.

Initials of AA _____ make shipment of cremated remains via U.S. Postage Mail(certified, return receipt) to: _____

Initials of AA _____ Deliver to: _____ Cemetery for the purpose of Interment/Entombment.

Type of Casket/container selected: _____

Type of Urn or container selected: _____

Authority of Authorizing Agent

I/We the undersigned, hereby certify that I am the closest living next of kin of the Decedent or that I otherwise serve(served) in the capacity of _____ to the Decedent. I am in charge of the cremated remains of the Decedent and as such possess full legal authority and power, according to laws of the state to execute this authorization form and to arrange for the cremation and disposition of the cremated remains of the Decedent. In addition, I am aware of no objection to this cremation by any spouse, child, parent or other sibling(s). I give permission for the Funeral Home to photograph the Deceased prior to cremation for identification purposes and give permission for the Funeral Home to maintain the photograph in their files.

Initials of AA _____

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 Funeral Home and Crematory to cremate the remains of the Decedent named above. I agree to hold harmless, indemnify and defend the above named Funeral Home and Crematory as well as thier representatives, directors, officers, agents, employees and shareholders from and against all claims, liabilities or damages whatsoever(including reasonable attorney's 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 the remains, shipping of the remains, any explodable or harmful impact, infectious diseases, other persons claiming rights to control disposition of the remains, or any other cause. No warranties, express or implied, are made and damages shall be limited to the amount of the cremation fee paid.

Initials of AA _____

Signature of Authorizing Agent(s)

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

By executing this cremation authorization form, as Authorizing agent(s), the undersigned warrants that the undersigned have read and understand the provisions contained on the front and back of this document.

Executed at _____, this _____ day of _____, 20_____.

Name: _____ **Signature** _____

Relationship to Decedent _____ **Address** _____

Name: _____ **Signature** _____

Relationship to Decedent _____ **Address** _____

Name: _____ **Signature** _____

Relationship to Decedent _____ **Address** _____

Signature of Funeral Director as Witness for signature(s) of Authorizing Agent _____

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 and represented as the human remains that were identified to our Funeral Home as the Decedent, that our Funeral Home has obtained all 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.

Initials of Funeral Director _____