

CREMATION AUTHORIZATION

CREMATION NO. _____
(FOR OFFICE USE ONLY)

CREMATION DATE: _____

THE UNDERSIGNED AUTHORIZES MID-STATE CREMATION SERVICES, IN ACCORDANCE WITH AND SUBJECT TO ITS RULES AND REGULATIONS, TO CREMATE THE REMAINS OF: _____

WHO DIED AT _____

ON THE _____ DAY OF _____, 20____, AT THE AGE OF _____ YEARS, AND AGREES TO BE RESPONSIBLE FOR ALL CHARGES INCURRED WITH RESPECT TO THIS AUTHORIZATION.

CHECK ONE		
	PICKED UP BY FAMILY	
	BURIED AT CEMETERY	
	MAILED TO: ^{NAME}	MAILING ADDRESS
		CITY, STATE AND ZIP

I HEREBY CERTIFY THAT: I AM THE CLOSEST LIVING RELATIVE TO THE DECEASED AS HIS OR HER _____; THE DECEASED DIED OF NATURAL CAUSES, AND I HAVE THE RIGHT TO AUTHORIZE THIS CREMATION AND THE DISPOSITION OF THE CREMATED REMAINS.

VALUABLES

I UNDERSTAND THAT DUE TO THE NATURE OF THE CREMATION PROCESS, **ANY VALUABLE MATERIAL, INCLUDING DENTAL GOLD, WILL EITHER BE DESTROYED OR NOT BE RECOVERABLE. ANYTHING OTHER THAN THE CREMATED REMAINS WILL BE DESTROYED BY THE CREMATORY.** I FURTHER AGREE THAT I WILL INDEMNIFY AND HOLD HARMLESS THE CREMATORY AND FUNERAL DIRECTOR, THEIR OFFICERS AND EMPLOYEES, FROM ANY LIABILITY, COSTS, EXPENSES, OR CLAIMS RESULTING FROM THIS AUTHORIZATION. I HAVE INSTRUCTED THE FUNERAL HOME TO REMOVE THE FOLLOWING VALUABLES
1) _____ 2) _____ 3) _____ AND RETURN TO SAID PERSON SIGNING THIS FORM.

PLEASE INITIAL THE FOLLOWING PARAGRAPH!

I further state that the deceased has _____ has not _____ had a heart pacemaker implanted nor any other life sustaining device that could be explosive. If such a device exists, I have instructed the Funeral Director or others to remove it before cremation. I also agree that in the event of my failure to notify the Funeral Director, or others responsible for the removal of such a device, I will be liable for any damages to the crematory or personnel.

THE CREMATION PROCESS:

CREMATION IS ACCOMPLISHED BY PLACING THE DECEASED IN A CASKET OR ALTERNATIVE CONTAINER AND INTRODUCING THESE INTO THE CREMATORY RETORT. THE TEMPERATURE IN THIS RETORT IS RAISED TO THE POINT OF COMBUSTION. AFTER APPROXIMATELY TWO HOURS, ALL SUBSTANCES ARE OXIDIZED AWAY WITH THE EXCEPTION OF CALCIFIED BONE FRAGMENTS, AND ANY METAL WHICH MAY BE PRESENT. AFTER A SHORT COOLING PERIOD, THE CREMATED REMAINS ARE BRUSHED FROM THE INSIDE OF THE RETORT WITH A STEEL-BRISTLED BROOM. ANY FOREIGN MATTER IS REMOVED. THE CREMATED REMAINS ARE THEN PROCESSED TO A POWDER-SAND LIKE CONSISTENCY. THEY ARE THEN PLACED INTO EITHER A TEMPORARY CONTAINER, OR A PERMANENT CREMATION URN AND DELIVERED TO WHOMEVER HAS REQUESTED TO RECEIVE THE CREMATED REMAINS.

Signature of Closest Relative(s)	Phone
Street	
City, State, and Zip	