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**East Penn Crematory**

**1418 MAIN STREET  
HELLERTOWN, PA 18055**

County: \_\_\_\_\_

Authorization #: \_\_\_\_\_

## AUTHORITY TO CREMATE AND ORDER FOR DISPOSITION

I (We), the undersigned (the authorizing agent(s)\*), hereby request and authorize the **Falk Funeral Homes & Crematory, Inc.**

☐ 163 Main Street, Pennsburg, PA 18073

☐ 1418 Main Street, Hellertown, PA 18055

hereinafter referred to as the “Funeral Home”) and East Penn 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 on the front and reverse sides of this document, and in accordance with and subject to their rules and regulations, and any applicable Commonwealth or local laws or regulations.

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

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

Funeral Director in Charge: \_\_\_\_\_ License Number: \_\_\_\_\_

***Mechanical and/or 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.***

Do the decedents remains contain any such devices or items? Yes ☐ NO ☐ - If yes, please list 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 caused to the crematory or crematory personnel by such implants or devices.

### **CREMATION INFORMATION**

Cremation will take place after any scheduled ceremonies or viewing have been completed, civic and medical authorities have issued all required permits, all necessary authorizations have been obtained and no objectives have been raised and 24 hours have transpired since death occurred as required by the Commonwealth of Pennsylvania.

The Crematory, or authorized agent(s), 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 authorization or instructions. All cremations are performed individually. The Crematory will only place the human remains of one individual in the cremation chamber at a time.

Cremation is a technical process, using heat and flame that reduces human remains to bone fragments. The reduction takes place through heat and evaporation. Cremation shall include the processing, and may include the pulverization of bone fragment. Please refer to the detailed description of the cremation process on the attached form.

The Crematory, requires either a casket or an alternative (cremation) container for the cremation. Please refer to the attached form for further detail regarding the caskets/containers.

After the cremated remains have been processed, they will be placed in the designated container. The Crematory will make a reasonable effort to put all of the cremated remains in the container, with the exception of dust or other residue that may remain on the processing equipment.

Initial \_\_\_\_\_ I am providing a container or containers to the crematory to hold the cremated remains.

NOTE: The crematory shall not be responsible for the condition and/or suitability for purpose of any cremated remains container provided by the purchaser.

### **DECLARATION OF INTENT FOR CREMATED REMAINS AND ITEMS SENT WITH THE DECEASED TO THE CREMATORY**

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 to the possession and custody of the Funeral Home.

Type of casket or container to be cremated: \_\_\_\_\_

Belongings sent to the crematory with the deceased and instructions for their disposition: \_\_\_\_\_

Jewelry sent to the crematory with the deceased: \_\_\_\_\_

I/we hereby authorize the crematory to do this with these items: \_\_\_\_\_

Other personal items sent to the crematory with the deceased and instructions for their disposition: \_\_\_\_\_

I/we hereby authorize the crematory to do this with these items: \_\_\_\_\_

### **DISPOSITION OF CREMATED REMAINS:**

I/we hereby authorize the Falk Funeral Homes & Crematory to do the following with the Cremated Remains:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I (We) hereby certify that the Decedent left the following surviving heirs at law(only the closest living heirs need be provided:

Spouse

Yes☐

No☐

Name:

Children

Yes☐

No☐

Name(s):

Parents:

Yes☐

No☐

Names:

Siblings:

Yes☐

No☐

Names:

Other:

Names and Relationships:

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

Are there any people who wish to witness the casket or container being placed in the cremation chamber? Yes☐ No☐

If yes list their names: \_\_\_\_\_

Initial: \_\_\_\_\_, I (We) have been offered the opportunity to personally identify the remains and assume full responsibility for the identity.

Initial: \_\_\_\_\_, I (We) give full permission for the following:  
A. The incidental or inadvertent commingling of the cremated remains  
B. The processing of the remains and resulting incidental commingling of the cremated remains.  
C. The disposal/recycling by the Crematory of metal or other non-human material recovered to which may be affixed bone particles or other human residue.

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 (or cause to be cremated) 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 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 the remains, shipping of remains, and 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.

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.

I (We) the undersigned, hereby certify that I (we) are the closest living next of kin of the Decedent or that I (we) otherwise serve (served) in the capacity of \_\_\_\_\_ to the Decedent, that I have charge of the remains of the Decedent and as such possess full legal authority and power, according to the laws of the Commonwealth of Pennsylvania 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 sibling specified.

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

Executed at \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Name: \_\_\_\_\_

Relationship to Decedent \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to Decedent \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to Decedent \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to Decedent \_\_\_\_\_

Signature: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature of Witness for Signature(s) of Authorizing Agent(s): \_\_\_\_\_

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 were identified to our Funeral Home as the Decedent, that our Funeral home obtained all of 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.

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