

Alexandria Crematory

Authority to Cremate

I/We, the undersigned (the "Authorizing Agent(s)/Next of Kin"), hereby request and authorize _____ Funeral Home (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 their rules and regulations, and any applicable state or local laws or regulations. **This is a legal document. It contains important provisions concerning cremation. Cremation is irreversible and final, so read this entire document carefully before signing.**

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 INFECTIOUS, CONTAGIOUS, COMMUNICABLE, OR OTHERWISE DANGEROUS DISEASES DECLARATION OF INTENT FOR THE DISPOSITION OF CREMATED REMAINS

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** ___ **Unknown** ___

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): _____

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

Did the death occur as a result of a disease declared to be infectious, contagious, communicable, or otherwise dangerous to the public, if known? **Yes** ___ **No** ___ **Unknown** ___

Was the decedent treated with radioactive implants? **Yes** ___ **No** ___ **Unknown** ___

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.

The Crematory is to return the cremated remains of the Decedent 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 give full permission for the following:

- The processing of the cremated remains.
- The disposal by the Crematory of metal or other non-human material recovered that do not cremate.

Initials of Authorizing Agent(s): _____

AUTHORITY OF AUTHORIZING AGENT(S) / NEXT OF KIN

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 _____

Printed Name(s): _____

Grandchildren: Yes No # of Surviving Grandchildren _____

Printed Name(s): _____

Parents: Yes No Father: _____ Mother: _____

Siblings: Yes No # of Surviving Siblings _____

Printed Name(s): _____

Other: Name(s) and Relationship: Printed Name(s): _____

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

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 may 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) / NEXT OF KIN

I/We the undersigned, hereby certify that I/We am/are the closest living next of kin of the Decedent, that I/We have charge of the remains and as such possess full legal authority and power to execute this authorization form and to arrange for the cremation of the Decedent.

Executed at (City/State) _____
this _____ day of _____, 20____.

1. Printed Name: _____ Relationship to Decedent: _____

Signature of Authorizing Agent/Next of Kin: _____

2. Printed Name: _____ Relationship to Decedent: _____

Signature of Authorizing Agent/Next of Kin: _____

3. Printed Name: _____ Relationship to Decedent: _____

Signature of Authorizing Agent/Next of Kin: _____

4. Printed Name: _____ Relationship to Decedent: _____

Signature of Authorizing Agent/Next of Kin: _____

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

NOTARY

** 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)

FUNERAL DIRECTOR

Signature of Funeral Director: _____

Printed Name of Funeral Director: _____ License # _____

Address: _____ City/State/Zip: _____

Telephone #: _____

Additional Signature Page:

Printed Name: _____ Relationship to Decedent: _____

Signature of Authorizing Agent/Next of Kin: _____

Printed Name: _____ Relationship to Decedent: _____

Signature of Authorizing Agent/Next of Kin: _____

Printed Name: _____ Relationship to Decedent: _____

Signature of Authorizing Agent/Next of Kin: _____

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Signature of Notary Public

Printed Name of Notary Public

Notary # _____ (if applicable)

(SEAL or STAMP IN THIS AREA)