

BEARDSLEY FUNERAL HOME & CREMATORY INC

113 North Third Street, Clearfield, PA 16830

Phone: 814-765-5731 Fax: 814-765-9163

info@beardsleyfuneralhome.com

Number _____ **AUTHORIZATION FOR CREMATION AND DISPOSITION**

I (We) the undersigned (the "authorizing Agent(s)") hereby authorize and request BEARDSLEY FUNERAL HOME & CREMATORY INC (hereafter BFHC), in accordance with and subject to its rules and regulations, and any applicable state or local laws or regulations, to cremate the human remains of _____ (the decedent) and arrange for the final disposition of the cremated remains, as set forth on this form.

IDENTIFICATION

Date of Death _____

Time of Death _____ AM PM

City, Borough, Twp. of Death _____ County _____ State _____

Cause of Death _____ Age _____ Race _____

PACEMAKERS AND MEDICAL DEVICES: Upon cremation, pacemakers and other similar medical devices may cause injury or damage to crematory personnel or equipment. The undersigned represents that the body of the deceased is free from such potentially dangerous devices and the undersigned agrees to assume responsibility for damage to persons or property and for any claims for damages, including a reasonable attorney's fee for the defense thereof, arising out of the cremation of any such devices contained in the body. If the body contains such a device, authorization is hereby given to the funeral director for its removal prior to cremation.

AUTHORITY OF AUTHORIZING AGENT

I(We) the undersigned, hereby certify that I(We) am the closest living next-of-kin of the decedent and that I(We) am related to the decedent as His/Her _____ or that I(We) otherwise serve in the capacity of _____ to the decedent, that I(We) have charge of the remains of the decedent and as such possess full legal authority and power, according to the laws of the state of Pennsylvania, to execute the authorization form and to arrange for the cremation and disposition of the cremated remains of the decedent. In addition, I(We) am aware of no objection to this cremation by any spouse, child parent or sibling.

LIMITATION OF LIABILITY

I(We) the undersigned hereby agree to indemnify, defend and hold harmless BFHC, their officers, agents and employees, of and from any and all claims, demands, causes or 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 authorization, including the failure to properly identify the decedent or the human remains transmitted to BFHC, the processing, shipping and final disposition of the decedent's cremated remains, the failure to take possession of or made proper arrangements for the final disposition of the cremated remains, any damage due to harmful or explodable implants, claims brought by any other person(s) claiming the right to control the disposition of the decedent or the decedent's remains, or any other action performed by BFHC, their officers, agents, or employees, pursuant to this authorization, excepting only acts of willful negligence.

SIGNATURES 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 warrant that all representations and statements contained on this form are true and correct, that these statements were made to induce BFHC to cremated the human remains of the decedent, and that the undersigned have read and understand the provisions contained on this form.

Executed at _____ this _____ day of _____ 20 _____

Name (Print) _____ **Signature (x)** _____

Relationship to decedent _____ Phone Number _____

Address _____ City _____ State _____ Zip _____

☐ I (We) have identified the human remains, either in person or via photograph, that were delivered to BFHC as the decedent.

☐ I (We) do not wish to visually identify the human remains of decedent and rely, and indemnify, BFHC, to identify decedent.

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