0	TD #	
Cremation	11)#	

# **AUTHORIZATION AND ORDER FOR CREMATION**

Subject to the rules and regulations of Daisy Hill, herein referred to as the Company, or its duly authorized agent, the Company is

authorized to t	take possession of and directed to cremate the re	emains of:
Deceased Na	me	Date of Death
have. Crematic	on is an irreversible and final process. It is impart you to fully understand the information pro	to the cremation. Please read it carefully and ask any questions you may cortant you understand the cremation process described below prior to yided and are pleased to answer any questions EMATION AND DISPOSITION
temperature is consumed or d such as dental cremation char are then taken will then be se remains are th then encased is commingling of	performed by placing an individual cremation is raised to approximately 1,650 degrees. Fahr driven off, except bone fragments and other artilly gold, silver, etc. are not separate or recover in the reposition the deceased in order to a from the chamber. Any large visible non-bore parated from the remains and will be dispose then mechanically pulverized. In the case of a still in a temporary container. In addition, while ever of minute particles of cremated remains from sentative(s) understands and accepts this fact.	container or prepared casket within the cremation chamber where the renheit. Upon the completion of the calcine cycle, all substances are ificial materials. Due to the high heat of the cremation process, materials able. During the cremation process, it may be necessary to open the facilitate a complete and thorough cremation. The cremated remains he materials such as prosthetic parts and noncombustible container parts d of or recycled at the sole discretion of the Company. The cremated liborn, there will be few, if any, remains. Once processed, the remains are ery effort will be made to avoid commingling, inadvertent or incidental the residue of previous cremations is a possibility, and the Authorized Department of the Company.
2	I have informed the Funeral Director of, an	d authorized to remove, a pacemaker, any radioactive isotopes (seeds) or
	any other implant that could be explosive a read #2 on reverse side.) Items to remove:	nd/or cause damage or injury to the crematory or its personnel. (I have
3	The deceased did / did not have an infecti	ous or contagious disease.
4	If so, identify the disease:  I authorize the Funeral Director to remove the Decedent	the following personal property and effects delivered with the remains ofprior to cremation. (I have read #4 on reverse side.)
5.	Positive I.D. of the deceased has been made	by: (Initial one. Please print name.) the remains and positively identified them as the body of the Decedent.
	The Authorizing Agent has relied upon	OR representations made by a personal representative (friend, institution
		mains and positively identified them as the body of the Decedent.  OR
	positively identified the photograph as that Daisy Hill will recycle any/all non-combustil screws, staples, etc., as mandated by the Feddistributed to a charity of Company choice Alternative Container or Casket chosen. (I has No Witnessing OR	ole materials such as orthopedic implants, dental prosthetics, surgical pins, eral or State EPA regulations. All financial funds derived from this will be or at the Company's discretion.
SIGN No cremation foregoing is tru the remains of (4) Grandchild (11) Personal F	MATURE(S) OF AUTHORIZED REPRESION may take place without the written authorizate and correct and I give permission as the name of said deceased. The Right of Disposition Prioridren (5) Parents (6) Grandparents (7) Siblings (1)	ENTATIVE(S) FOR CREMATION AND DISPOSITION ion from the authorized representative(s) of the deceased. I declare the defended Funeral Representative or closest next-of-kin, for Daisy Hill to cremate ty shall be as follows: (1) Funeral Representative (2) Spouse (3) Children 8) Any Niece or Nephew (9) Any Aunt, Uncle or Cousin (10) Guardian Personal Representative appointed by the Probate Court [Department of Examiner.
	State ZIP	
•		·
	State ZIP	
	State 211	
Relationship		Relationship

The Company's policy is to return all cremated remains back to the funeral nome. The funeral nome in charge is		
The Funeral Director in charge is	_ SIGNATURE	
Dated:		

#### #2. PACEMAKERS, IMPLANTS, AND RADIOACTIVE TREATMENTS

**IMPLANTS:** Pacemakers, defibrillators, other implanted battery-powered devices may create a hazardous condition when placed in the cremation chamber and subjected to heat. Silicone implants may also damage crematory equipment and adversely impact the recovery and processing of cremated remains. As Authorizing Agent, I have listed in #2 on the reverse side all devices which may have been implanted in or attached to the Decedent. Examples of implanted medical devices include, but are not limited to, the following:

- Pacemakers
- Implantable Cardioverter Defibrillators (ICDs)
- Cardiac Resynchronization Therapy Devices (CRTDs)
- Implantable Drug Pumps
- Neurostimulators (including for pain and functional electrical stimulation)
- Hydrocephalus Programmable Shunts
- Fixion Nails
- Bone Growth Stimulators
- Any other battery powered implant
- Silicone Implants

**RADIOACTIVE TREATMENTS:** Remains that contain radioactive seeds used in brachytherapy or that have been treated with nuclear medicine may only be safely cremated if sufficient time has elapsed from the time of the latest treatment. Below are a list of treatments and the minimum waiting period between the date of treatment and the date of cremation. Initial the line on the front of this page in Section 2 only if the Decedent has not undergone radioactive treatment or, if the Decedent has undergone a treatment, initial the line if the waiting period for such treatment has expired.

<u>Treatment</u>	Minimum Waiting Period Since Treatment
Iodine-125 Brachytherapy	2 years
Palladium-103 Brachytherapy	3 months
Strontium-89 Injections	1 year
Yttrium-90 Injections	6 weeks
Phosoporus-32 Injections	5 months
Iodine-131 Injections	2 months
Samarium-153 Injections	3 weeks
Lutetium-177 Injections	3 months
Radium-223 Injections	3 months

### **#4. PERSONAL PROPERTY**

All personal property and effects delivered with the remains of the Decedent to Crematory, including jewelry, clothes, hair pieces, dental bridgework, eyeglasses, and shoes, will be destroyed in the cremation process or otherwise discarded by the Crematory, in its sole discretion, unless specific instructions for delivery to Authorizing Agent are given.

#### **#7. CASKET OR ALTERNATIVE CONTAINER**

The remains are to be cremated in a combustible casket or alternative container that is capable of being completely closed, is resistant to leakage or spillage, is sufficiently rigid to be handled easily, and provides protection for the health and safety of Crematory and Funeral Home personnel. The Crematory is authorized to inspect the casket or alternative container, including opening it if necessary. In the event that the casket or container does not meet the above requirements, the Crematory will notify the Authorizing Agent. The Company reserves the right to accept or reject a cremation container constructed of noncombustible materials. Many caskets that are comprised primarily of combustible material also contain some exterior parts (decorative handles or rails) that are not combustible and that may cause damage to the cremation equipment. The Crematory, in its discretion, will remove and discard the non-combustible materials. Daisy Hill will not accept metal, Styrofoam, or fiberglass caskets. The casket or alternative container will be consumed as part of the cremation process.

# **#8. WITNESSES**

Witnessing a cremation can be an emotional experience. Witnesses are assuming the risks involved and fully release the Funeral Home and Crematory from any liability. To the extent permitted by the Crematory, the persons listed below are authorized to be present in the cremation viewing room prior to and/or during the cremation of the Decedent's remains and/or during the removal of the cremated remains from the cremation chamber. If you desire witnesses, you must initial #8 on the reverse side and list their names below.

LIST OF WITNESSES (up to 10)_		
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## **CERTIFICATION AND INDEMNIFICATION**

The Authorizing Agent acknowledges that the Funeral Home and Crematory are relying upon the representations being made by the Authorizing Agent in this authorization. The Authorizing Agent certifies that all of the information and statements contained in the Authorization are accurate and no omissions of any material fact have been made. The Authorizing Agent agrees to indemnify and hold harmless the Funeral Home and the Crematory, their officers, directors, employees and agents from any and all claims, demands, actions, causes of action or suits of any kind or nature whatsoever, including, but not limited to, any legal fees arising out of or resulting from the Funeral Home's and the Crematory's reliance on or performance consistent with the directions, statements, representations and agreements contained in the Authorization.

Date	Signature of Authorizing Agent
Date	Signature of Authorizing Agent
Oate	Signature of Authorizing Agent
Date	Signature of Authorizing Agent
Date	Signature of Authorizing Agent
Date .	Signature of Authorizing Agent