



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 take possession of and directed to cremate the remains of:

Deceased Name _____ **Date of Death** _____

This Authorization Form must be completed and signed prior to the cremation. Please read it carefully and ask any questions you may have. *Cremation is an irreversible and final process.* It is important you understand the cremation process described below prior to signing. We want you to fully understand the information provided and are pleased to answer any questions..

PRACTICES FOR CREMATION AND DISPOSITION

Cremation is performed by placing an individual cremation container or prepared casket within the cremation chamber where the temperature is raised to approximately 1,650 degrees Fahrenheit. Upon the completion of the calcine cycle, all substances are consumed or driven off, except bone fragments and other artificial materials. Due to the high heat of the cremation process, materials such as dental gold, silver, etc. are not separate or recoverable. During the cremation process, it may be necessary to open the cremation chamber and reposition the deceased in order to facilitate a complete and thorough cremation. The cremated remains are then taken from the chamber. Any large visible non-bone materials such as prosthetic parts and noncombustible container parts will then be separated from the remains and will be disposed of or recycled at the sole discretion of the Company. The cremated remains are then mechanically pulverized. In the case of a stillborn, there will be few, if any, remains. Once processed, the remains are then encased in a temporary container. In addition, while every effort will be made to avoid commingling, inadvertent or incidental commingling of minute particles of cremated remains from the residue of previous cremations is a possibility, and the Authorized Funeral Representative(s) understands and accepts this fact.

DISCLOSURES AND PERMISSIONS (Initial each)

- 1. _____ I have read and understand Daisy Hill practices for each cremation and disposition.
- 2. _____ I have informed the Funeral Director of, and authorized to remove, a pacemaker, any radioactive isotopes (seeds) or any other implant that could be explosive and/or cause damage or injury to the crematory or its personnel. (I have read #2 on reverse side.) Items to remove: _____
- 3. _____ The deceased did / did not have an infectious or contagious disease.
If so, identify the disease: _____
- 4. _____ I authorize the Funeral Director to remove the following personal property and effects delivered with the remains of the Decedent _____ prior 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 Authorizing Agent (family) has viewed the remains and positively identified them as the body of the Decedent.
Name/relationship: _____
- OR
- _____ The Authorizing Agent has relied upon representations made by a personal representative (friend, institution personnel, etc.) who has viewed the remains and positively identified them as the body of the Decedent.
Name/Institution: _____
- OR
- _____ The Authorizing Agent has authorized the Funeral Home to photograph the remains and the Authorizing Agent has positively identified the photograph as that of the Decedent.
- 6. _____ Daisy Hill will recycle any/all non-combustible materials such as orthopedic implants, dental prosthetics, surgical pins, screws, staples, etc., as mandated by the Federal or State EPA regulations. All financial funds derived from this will be distributed to a charity of Company choice or at the Company's discretion.
- 7. _____ Alternative Container or Casket chosen. (I have read #7 on the reverse side.)
- 8. _____ No Witnessing OR _____ Witnessing (I have read #8 on the reverse side.)

The Company is not responsible for the identification of human remains accompanying this order for cremation, that being the responsibility of the next-of-kin and the Funeral Director.

SIGNATURE(S) OF AUTHORIZED REPRESENTATIVE(S) FOR CREMATION AND DISPOSITION

No cremation may take place without the written authorization from the authorized representative(s) of the deceased. I declare the foregoing is true and correct and I give permission as the named Funeral Representative or closest next-of-kin, for Daisy Hill to cremate the remains of said deceased. The Right of Disposition Priority shall be as follows: (1) Funeral Representative (2) Spouse (3) Children (4) Grandchildren (5) Parents (6) Grandparents (7) Siblings (8) Any Niece or Nephew (9) Any Aunt, Uncle or Cousin (10) Guardian (11) Personal Representative (12) Special Fiduciary or Special Personal Representative appointed by the Probate Court [Department of Corrections, if incarcerated by the state] (13) County Medical Examiner.

Name _____

Name _____

Address _____

Address _____

City _____ State _____ ZIP _____

City _____ State _____ ZIP _____

SIGNATURE _____

SIGNATURE _____

Relationship _____

Relationship _____

Name _____

Name _____

Address _____

Address _____

City _____ State _____ ZIP _____

City _____ State _____ ZIP _____

SIGNATURE _____

SIGNATURE _____

Relationship _____

Relationship _____

DISPOSITION OF CREMATED REMAINS

The Company's policy is to return all cremated remains back to the funeral home. The funeral home in charge is _____

The Funeral Director in charge is _____ SIGNATURE _____

Dated: _____

