

AUTHORIZATION FOR CREMATION AND DISPOSITION OF CREMAINS

NOTICE: THIS IS A LEGAL DOCUMENT. IT CONTAINS IMPORTANT PROVISIONS CONCERNING CREMATION. CREMATION IS IRREVERSIBLE AND FINAL. READ THIS DOCUMENT CAREFULLY BEFORE SIGNING.

NAME OF CREMATORY
Bath-Naylor Crematory

NAME OF FUNERAL ESTABLISHMENT IN CHARGE OF ARRANGEMENTS
Midland Cremation Society

NAME OF FUNERAL DIRECTOR IN CHARGE OF ARRANGEMENTS _____ LICENSE NUMBER _____

I, THE UNDERSIGNED, HEREBY AUTHORIZE THE CREMATORY AND FUNERAL ESTABLISHMENT NAMED ABOVE TO CREMATE THE REMAINS OF:

NAME OF PERSON TO BE CREMATED (FIRST, MIDDLE, LAST) _____

I hereby certify that I have the legal right or am charged to authorize this cremation and the disposal of the cremated remains. I understand that due to the nature of the cremation process any **valuable metal**, including dental gold, will either be destroyed or not be recoverable. Any personal possessions accordingly have either been removed or may be destroyed. I further agree that I will indemnify and hold harmless the funeral establishment(s) and Funeral Director, their officers and employees from any liability, costs, expenses or claims resulting from this authorization.

I request that following cremation, the funeral establishment make disposition of the cremated remains as follows:

Return to _____

Return to any family member

Direct _____ to _____ cremated remains at _____
(name of establishment) (burial, scatter, entomb, etc.)

I specifically agree that if the said cremains are left in the custody of _____ for over thirty (30) days, _____ may make whatever disposition of the cremains it deems appropriate.
NAME OF FUNERAL ESTABLISHMENT (name)

Implanted Medical Devices:
 I understand and acknowledge that defibrillators, pacemakers, other implanted battery-powered devices, radioactive implants and certain prostheses may create a hazardous condition when placed in a cremation chamber and subject to heat. I am providing the following information to the Funeral Establishment and the Crematory with regard to implanted medical devices (select one of the following two options):

There are no devices implanted in the remains of the decedent.

There is an implanted device(s) listed below and I authorize the funeral establishment or the crematory to remove and dispose of the device(s).
 Description of Device(s): _____

SIGNATURE	DATE	TIME
RELATIONSHIP TO DECEASED	TELEPHONE NUMBER	
ADDRESS (CITY, STATE, ZIP CODE)		

WITNESS

NAME	ADDRESS
NAME	ADDRESS