

Authorization for Cremation and Disposition

The undersigned hereby authorize:

_____ (Funeral Home Name)

and or its agents, to arrange for the cremation of the body of:

_____ (Deceased Name)

The undersigned, further certifies and represents that he/she has the right to authorize cremation, that I am (we are) of the same and nearest degree of relationship to the deceased and/or are legally authorized or charged with the responsibility for disposition of his/her body after cremation and that the consent of no other person(s) is necessary for this order, and agrees to hold said crematory and funeral home harmless from any liability on account of said authorization and cremation.

Pacemaker: **yes** _____ **no** _____ **All pacemakers must be removed.**

Jewelry: **Cremate with body** _____ **Body contains no jewelry** _____

Final Disposition:

1. _____ **Return the cremated remains to the funeral home, family will pick up within 30 days.** (within 60 days of cremation said funeral home would have no responsibility for the cremated remains and may dispose of any said cremated remains in any lawful manner).
2. _____ **Deliver the cremated remains to the U.S. Postal Service for shipment by Registered, Return Receipt mail to** _____ **for disposition.**

Signature of next of kin (Authorized Signer) _____

Print name _____ Relationship _____

Address _____ City _____ State & Zip _____

Phone _____

Signature of next of kin (Authorized Signer) _____

Print name _____ Relationship _____

Address _____ City _____ State & Zip _____

Phone _____

Signature of next of kin (Authorized Signer) _____

Print name _____ Relationship _____

Address _____ City _____ State & Zip _____

Phone _____

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