

# LEGACY

## FUNERAL HOMES & CREMATION SERVICES

### CREMATION AUTHORIZATION

**\*\*PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING.\*\***

NAME OF DECEASED: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

WHO DIED ON THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_

DATE: \_\_\_\_\_

LOCATION: \_\_\_\_\_

The undersigned requests and authorizes said crematory in accordance with and subject to its Rules and Regulations.

#### AUTHORITY OF AUTHORIZING AGENT

I/we, the undersigned, hereby certify that I/we am/are the closest living next of kin of the decedent and that I/we am/are related to the decedent or that I/we otherwise serve in the legal capacity for the decedent, that I/we have charge of the remains of the decedent and as such possess full legal authority and power to execute the authorization for and to arrange for the cremation and disposition of cremated remains of the decedent. In addition, I/we am/are aware of no objection to this cremation by any spouse, child, sibling, or parent of the decedent.

#### SIGNATURE OF THE AUTHORIZING AGENT(S)

By executing this Comprehensive Cremation Authorization Form, as Authorizing Agent(s), the undersigned warrants that all representative and statements contained on this form are true and correct, that these statements were made to include said crematory to cremate the human remains of the decedent, and that the undersigned had read and understands the provisions contained on this form. I/We have instructed the above-mentioned crematory and/or funeral home to remove or arrange for the removal of these devices and to properly dispose of them prior to cremation.

#### LIMITATIONS OF LIABILITY

As the Authorizing Agent(s), I/we hereby agree to indemnify, defend, and hold harmless said crematory, its officers, agents and employees, from any and all claims, demands, causes or courses of action, and suit 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 transported to said crematory, the processing, shipping and final disposition of the decedent's cremated remains, any damage due to harmful or exploding implants, claims brought about by any other person(s) claiming the right to control the disposition of the decedent or the decedent's cremated remains, or any other action performed by said crematory, its officers, agents or employees, pursuant to this authorization, excepting only acts of willful negligence.

#### ALL PACEMAKER AND RADIOACTIVE IMPLANTS MUST BE REMOVED PRIOR TO CREMATION

Known Implants: Yes \_\_\_\_\_ No \_\_\_\_\_ **Initials** \_\_\_\_\_

I/We further confirm that I/we understand said crematory will hold cremated remains for no longer than ninety (90) days from the date of cremation unless prior specific arrangements have been made. Without prior arrangements, after ninety days, said crematory retains the right to dispose of the cremated remains in any legal manner and shall not be held liable for the non-recoverability of the cremated remains \_\_\_\_\_ **(Authorizing Agents' Initials)**.

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Street Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Funeral Home: \_\_\_\_\_

X \_\_\_\_\_

Address: \_\_\_\_\_

(Signature of Funeral Director as Witness)

City, State, Zip: \_\_\_\_\_