



## CREMATION AUTHORIZATION

CREMATION NUMBER \_\_\_\_\_ CREMATION DATE \_\_\_\_\_

The undersigned authorizes **Genesis Cremation Service** hereby referred to the Crematory in accordance with and subject to its Rules and Regulations, to cremate the Remains of \_\_\_\_\_ who died on \_\_\_\_\_ and agree to be responsible for any pay all charges incurred with respect to this authorization. The Funeral Home in charge is **Simpson Funeral & Cremation Services**.

I further state the death \_\_\_\_\_ was \_\_\_\_\_ was not due to infection or contagious disease. I understand that if I do not notify the Crematory about such a death, I will be liable for any damages to the Crematory and/or Injury to Crematory personnel.

It is requested that the following disposition be made of the Cremated Remains:

XX Simpson Funeral & Cremation Services will pick up

\_\_\_\_\_ Mail the Cremated Remains to \_\_\_\_\_

The undersigned hereby authorizes the Crematory to deliver the Cremated Remains via Registered Mail and agree to assume all liability for any damages that may arise from any causes growing out of such delivery and to indemnify and hold harmless the Crematory and/or the Funeral Home/Director from any and all claims related to said shipment. The undersigned also agrees to pay the charge for such delivery.

I hereby certify that I represent the Deceased as \_\_\_\_\_ (relationship) and I have the legal right to authorize this cremation and disposition of the Cremated Remains. I understand that due to the nature of the cremation process any valuable material including dental gold will either be destroyed or may not be recoverable. Any personal possessions accordingly have either been removed or may be destroyed. If the casket or any portion thereof is not suitable for cremation, I authorize the Crematory personnel to remove the Remains, place them in a container suitable for cremation and dispose of the unsuitable container/casket in a manner that is not profitable to the Crematory or the Funeral Home/Director.

I understand that Cremated Remains are bone fragments, which will be reduced in size and placed in an urn, or temporary container, which is usually sufficient in size for all Cremated Remains. In the event the urn or temporary container selected cannot accommodate the total amount of Cremated Remains, the Crematory is hereby authorized to return excess Cremated Remains in an additional temporary container.

I also understand that following the cooling period, the Cremated Remains are raked and swept from the cremation chamber. The Crematory makes a reasonable effort to remove all of the cremated Remains from the cremation chamber and processor, but it is impossible to remove all of them, as some dust and residue are always left behind. Every effort will be made to avoid co-mingling, inadvertent or incidental co-mingling of minute particles of Cremated Remains from previous cremations as a possibility.

I further state that the deceased has not had a heart pacemaker implanted, radiation producing implant device, nor any other life-sustaining device that could be explosive. If such a device exists, I have notified the Funeral Home/Director, or others to remove it before cremation. I also agree that in the event of my failure to notify the Funeral Home/Director, or any others so that the device can be removed. I will be liable for any damages to the Crematory and/or injury to Crematory personnel.

I further agree that I will indemnify and hold harmless the Crematory and/or Funeral Home/Director, their officers, employees and agents from any liability, cost, expenses or claims resulting from this authorization.

Date \_\_\_\_\_  
Witness \_\_\_\_\_  
(Funeral Director or Crematory Personnel)

Signed \_\_\_\_\_  
Printed Name \_\_\_\_\_  
Address \_\_\_\_\_