



# ROBERTS FUNERAL HOME, INC.

279 Main Street, P.O. Box 207, Wellsburg, NY, 14894  
(607) 734-7811

## AUTHORITY TO CREMATE AND ORDER FOR DISPOSITION

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

I(We), the undersigned (the "Authorizing Agent(s)") hereby request and authorize \_\_\_\_\_ (hereinafter referred to as "Funeral Home") and \_\_\_\_\_ (hereinafter referred to as the "Crematory") to take possession of and make arrangements for the cremation of and the final disposition of the Decedent named below (the "Decedent") in accordance with and subject to the provisions set forth on the front and reverse sides of this document, and in accordance with and subject to their rules and regulations, and any applicable state or local laws or regulations.

Name of Deceased: \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

Date of Death: \_\_\_\_\_ Time of Death: \_\_\_\_\_ Place of Death \_\_\_\_\_

Funeral Director in Charge: \_\_\_\_\_

**Mechanical, radioactive devices or implants in the Decedent may create a hazardous condition when placed in the cremation chamber. All pacemakers and radioactive implants must be removed prior to delivery of the Decedent to the Crematory.**

### Mark Yes or No

Do the decedent's remains contain any such devices?  YES  NO - If yes, please list devices which should be removed prior to cremation:

I understand that if the Funeral Home has not been notified about such devices or implants, and not instructed to remove them, that I/We are responsible for any damages caused to the Crematory or crematory personnel by such implants or devices.

### DNA SAMPLING

**DNA Sampling:** The cremation process destroys all DNA making it impossible to collect DNA from the cremated remains. To make DNA analysis and storage possible, it is necessary to take DNA samples from the Decedent's remains prior to cremation and have the DNA samples properly stored. If you wish to collect DNA from the Decedent's remains prior to cremation, the Funeral Home can refer you to an independent DNA analysis and storage company or you can retain your own DNA analysis and storage company. Please indicate whether you wish to authorize or decline DNA collection and storage by placing your initials next to one of the following two options:

The undersigned releases and forever discharges and further agrees to hold harmless and indemnify the funeral home, its affiliates, and their agents and employees from any liability, costs, expenses or legal fees with respect to all damages of any kind, including claims and causes of action that the undersigned now has or may subsequently have related to the undersigned authorizing or not authorizing the retrieval, mailing and storage of DNA from the herein named deceased.

### Initial One

(must be initialed to be valid)

\_\_\_\_\_ As Authorizing Agent, I authorize the collection of tissues from the Decedent's remains for the purpose of DNA analysis and/or storage in accordance with the contract for services that I will enter into with the DNA analysis and storage company. There is a fee for this service.

\_\_\_\_\_ As Authorizing Agent, I decline any DNA analysis or storage and direct that no tissues be collected from the remains of the Decedent for those purposes.

### Initial One

(must be initialed to be valid)

### VISUAL IDENTIFICATION

Because cremation is irreversible, identification of the deceased is required by Funeral Home and one of the methods of identification must be chosen.

\_\_\_\_\_ IDENTIFICATION VIEWING prior to cremation. I understand sanitary care and preparation are required. In certain circumstances such as autopsies, Funeral Home may require embalming and/or restoration to create an acceptable memory picture. If visual identification has been selected, or viewing and/or funeral service (with the body present) prior to cremation viewing will occur on: \_\_\_\_\_ at: \_\_\_\_\_ and cremation will occur thereafter. If due to circumstances, an unacceptable identification is not available the funeral home will notify you. I/We acknowledge that the funeral home's standard processes may include the capture and storing of the Decedent's photo(s) which may be used for: identifying and/or tracking the Deceased and/or the Deceased's property and securely stored.

\_\_\_\_\_ DIGITAL PHOTOGRAPH of the deceased. I, the Authorizing Agent(s), hereby authorize Funeral Home to photograph the remains of the herein named deceased and confirm that the digital photograph provided by Funeral Home is positive identification of the herein named deceased.

### FINGERPRINT CAPTURE STATEMENT

I, the Authorizing Agent(s) acknowledge that the funeral home's standard processes may include the capture and storing of the Decedent's finger, thumb print(s) or photo which may be used for: (1) identifying; tracking the Deceased and/or the Deceased's property; or (2) later use by the family for creating memorial mementos or other memorialization.

### CREMATION INFORMATION

Cremation will take place after civic and medical authorities have issued all required permits, all necessary authorizations have been obtained and no objections have been raised.

The Crematory, or authorized agent(s), is authorized to perform the cremation upon receipt of human remains, at its discretion, and according to its own time schedule, as work permits, without obtaining any further authorization or instructions. All cremations are performed individually. The Crematory will only place the human remains of one individual in the cremation chamber at a time.

If Authorizing Agent(s) or immediate family members request to witness the casket/ container being placed into the cremation chamber. All persons must be 18 years of age or older and a "Release and Hold Harmless" agreement must be signed by all persons prior to entry into the crematory area.

Cremation is a technical process, using heat and flame, that reduces human remains to bone fragments. The reduction takes place through heat and evaporation. Cremation shall include the processing, and may include the pulverization of bone fragment. Please refer to the detailed description of the cremation process on the attached form.

The Crematory requires either a casket or an alternative (cremation) container for the cremation. Please refer to the attached form for further details regarding the caskets/containers.

After the cremated remains have been processed, they will be placed in the designated urn or container. The Crematory will make a reasonable effort to put all of the cremated remains in the urn or container, with the exception of dust or other residue that may remain on the processing equipment.

### REQUIREMENTS FOR CREMATION

1. A minimum of 24 hours have transpired since the death occurred.
2. Civil and medical authorities have issued all required permits
3. All necessary authorizations have been obtained, and no objections have been raised.
4. The Decedent's remains have been identified by the legal next of kin, the Authorizing Agent(s).
5. The dimensions of the Decedent can be safely accommodated by the crematory equipment. This requirement is at the discretion of the operator

**DECLARATION OF INTENT FOR THE DISPOSITION OF CREMATED REMAINS**  
**I(We) hereby authorize the Funeral Home to arrange for the disposition of the cremated remains of the Decedent as stated below:**

**Select & Initial**

\_\_\_\_\_ (Initial) **DELIVER** said cremated remains to: Name \_\_\_\_\_ Phone \_\_\_\_\_

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

\_\_\_\_\_ (Initial) **SHIPPING:** I appoint the Funeral Home as my agent to make shipment of said remains via the U.S. Priority Express Mail (registered mail, return receipt). I am aware that the Funeral Home's services have been fully completed when the cremated remains leave the Funeral Home and that the Funeral Home is only acting as my agent for my accommodation only in carrying out these instructions. I understand that the Funeral Home assumes no responsibility after delivery to the Post Office, common carrier or agent. (I understand there is an additional charge for this shipping service.)

Ship to: Name, Address, Phone \_\_\_\_\_

\_\_\_\_\_ (Initial) **CEMETERY DELIVERY** to: \_\_\_\_\_ Cemetery for the purpose of interment/entombment  
(I understand there may be a separate charge for this service and cemetery charges).

\_\_\_\_\_ (Initial) **SCATTERING:** I authorize the Funeral Home to scatter the cremated remains of the above-mentioned deceased at sea at the discretion and convenience of the Funeral Home or its designated agent or representative within one year. It is understood the scattering of cremated remains is the dispersment of the remains and once the cremated remains have been scattered, they are unrecoverable in whole or in part. It is understood and agreed that scattering will take place in accordance with the Funeral Home's policies and any applicable federal, state, county, city or other local laws, statutes or regulations.

Type of casket or container selected: \_\_\_\_\_

Type of urn or container selected: \_\_\_\_\_

**AUTHORITY OF AUTHORIZING AGENT(S)**

I(We) hereby certify that the Decedent left the following **surviving** heir(s) at law:

**Check All That Apply**

Spouse  YES  NO Name \_\_\_\_\_

Children  YES  NO How many? \_\_\_\_\_ Name(s) \_\_\_\_\_

Parents  YES  NO How many? \_\_\_\_\_ Name(s) \_\_\_\_\_

Siblings  YES  NO How many? \_\_\_\_\_ Name(s) \_\_\_\_\_

Other: Names and Relationship: (Names): \_\_\_\_\_

Separate authorization(s), if necessary, shall be attached to, and considered part of this form.

**DISCLOSURES, WARRANTIES AND PERMISSIONS**

**(all must be initialed/checked to be valid)**

\_\_\_\_\_ I(We) certify that the deceased person named above arranged for his/her own cremation on a pre-need basis  YES  NO

\_\_\_\_\_ I(We) certify that the deceased person named above left a will with written instructions to be cremated  YES  NO

\_\_\_\_\_ I(We) certify that the deceased person named above has not given other specific directions concerning the disposal of his/her remains.

\_\_\_\_\_ I(We) understand that if I wish to remove and/or retain any items from the remains, I must do so directly or by authorized agent prior to the cremation process.

\_\_\_\_\_ I(We) give full permission for the following:

- a. The incidental or inadvertent commingling of the cremated remains.
- b. The processing of the remains and resulting incidental commingling of the cremated remains.
- c. The disposal by the Crematory of metal or other non-human material recovered to which may be affixed bone particles or other human residue.
- d. Special instructions: \_\_\_\_\_

**INDEMNITY**

I(We) declare under penalty of perjury that the foregoing certifications, representations and statements are true and correct, and that this statement is being made to induce the above named Funeral Home to cremate (or caused to be cremated) the remains of the Decedent named above. I agree to hold harmless, indemnify and defend the above named Crematory as well as their representatives, directors, officers, agents, employees and shareholders, from and against all claims, liabilities or damages whatsoever (including reasonable attorneys' fees) which may result from this authorization and order including the failure to properly identify the remains, failure to take possession or make proper arrangements for the final disposition of the cremated remains, the processing of the remains, shipping of remains, any explodable or harmful impact, infectious diseases, other persons claiming rights to control disposition of the remains, or any other cause. No warranties, express or implied, are made and damages shall be limited to the amount of the cremation fee paid.

**Initial**

**SIGNATURE OF AUTHORIZING AGENT(S)**

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

I(We) the undersigned, hereby certify that I am the closest living next of kin of the Decedent or that I otherwise serve(served) in the capacity of \_\_\_\_\_ (relationship) of the Decedent, that I have charge of the remains of the Decedent and as such possess full legal authority and power, according to the laws of the state to execute this authorization form and to arrange for the cremation and disposition of the cremated remains of the Decedent. In addition, I am aware of no objection to this cremation by any spouse, child, parent or sibling specified.

By executing this cremation authorization form, as Authorizing Agent(s), the undersigned warrants that the undersigned have read and understand the provisions contained on the front and back of this document.

**A copy of a photo ID or Driver's License is required, if not signed in front of the funeral director.**

**Authorizing Agent(s) Signature(s)**

Executed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

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

Relationship to Decedent: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Relationship to Decedent: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Relationship to Decedent: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Witness Signature**

Signature of Witness for signature(s) of Authorizing Agent(s): \_\_\_\_\_

**REPRESENTATIONS OF FUNERAL DIRECTOR**

I warrant, to the best of my knowledge, that I have reviewed this form with the Authorizing Agent(s), that no member of our Funeral Home, has any knowledge or information that would lead us to believe that any of the answers provided by the Authorizing Agent(s) are incorrect, that the human remains delivered to the Crematory and represented as the human remains that we identified to our Funeral Home as the Decedent, that our Funeral Home obtained all the necessary permits authorizing the cremation and those permits are attached and that the representations concerning a pacemaker and other materials or implants that may be potentially hazardous are true.

Signature of Funeral Director \_\_\_\_\_

## ADDITIONAL TERMS AND CONDITIONS

### THE CREMATION PROCESS

Cremation is performed to prepare the deceased for memorialization and it is carried out by placing the deceased in a casket or alternative container and then placing the casket or alternative container into a cremation chamber, or retort, where they are subjected to intense heat and flame. 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. Through the use of a suitable fuel, incineration of the container and its contents is accomplished by raising the temperature substantially (extreme temperature) and all substances are consumed or driven off, except bone fragments (calcium compounds) and metal (including dental gold and silver and other non-human materials) as temperature is not sufficient to consume them.

Due to the nature of the cremation process, any personal possession or valuable materials such as dental gold and silver, or jewelry (as well as any body prostheses or dental bridgework) that are left with the Decedent and not removed from the casket or container prior to cremation may be destroyed and become non-recoverable. If not destroyed, the Crematory, is authorized to dispose of such materials at its sole discretion. The Authorizing Agent understands the arrangements must be made with the Funeral Home to remove any such possessions or valuables prior to the time that the Decedent is transported to the Crematory.

Following a cooling period, the cremated remains, which will normally weigh several pounds in the case of an average-size adult, are then swept or raked from the cremation chamber. The Crematory makes a reasonable effort to remove all of the cremated remains from the cremation chamber, but it is impossible to remove all of them, as some dust and other residue from the process are always left behind. In addition, while every reasonable effort will be made to avoid commingling, inadvertent or incidental commingling of minute particles of cremated remains from the residue of previous cremation is a possibility, and the Authorizing Agent understands and accepts this fact.

After the cremated remains are removed from the cremation chamber, all non-combustible materials such as orthopedic implants, dental prosthetics, surgical pins, screws, casket hardware, etc. will be separated and removed from the bone fragments by visible or magnetic selection. The crematory is authorized to recycle these metals through a non-profit crematory recycling program organized and operated exclusively to generate financial support for crematory/funeral home's charity of choice.

When the cremated remains are removed from the cremation chamber, the skeletal remains often contain recognizable bone fragments. Unless otherwise specified, after the bone fragments have been separated from the other material, they will be mechanically processed (pulverized), which includes crushing or grinding and incidental commingling of the remains with the residue from the processing of previously cremated remains, into granulated particles of unidentifiable dimensions, virtually unrecognizable as human remains, prior to placement into the designated container.

### CASKETS/CONTAINERS

The above named Funeral Home does not offer metal caskets for cremation.

All caskets and alternative containers must meet the following standards:

1. Be composed of materials suitable for cremation;
2. Be able to be closed to provide a complete covering for the human remains;
3. Be sufficient for handling with ease;
4. Be resistant to leakage or spillage;
5. Be able to provide protection for the health and safety of crematory personnel.

The Crematory is authorized to inspect the casket or alternative container, including opening it if necessary. In the event there is leakage or damage, the Crematory may contact the Authorizing Agent directly for instructions. The Crematory reserves the right to open the container to verify the identity of the deceased.

Many caskets that are comprised of combustible materials also contain some exterior parts, e.g., decorative handles or rails, that are not combustible and that may cause damage to the cremation equipment. The Crematory, at its sole discretion, reserves the right to remove these noncombustible materials prior to cremation and to discard them with similar materials from other cremations and other refuse in a non-recoverable manner.

### URNS/TEMPORARY CONTAINERS

In the event the urn or other container selected is insufficient to accommodate all of the cremated remains, the excess will be placed in a separate receptacle. The separate receptacle will be kept with the primary receptacle and handled according to the disposition instructions on this form. Crematory requires that all urns or containers provided be appropriate for shipping or permanent storage, and that in the case of an adult, it is recommended that the urn or container be a minimum of 200 cubic inches. Unless a suitable urn is provided for the cremated remains, the Crematory will place the cremated remains in a container furnished by the Crematory which is not designed for shipment.

### FINAL DISPOSITION

Cremation is **NOT** the final disposition as far as the funeral home is concerned, nor is placing the cremated remains in storage at a Funeral Home final disposition. The cremation process simply reduces the decedent's body to cremated remains. These cremated remains usually weigh several pounds and are usually in excess of 150 cubic inches. Some provision must be made for the final disposition of these cremated remains. If the option selected for final disposition includes scattering, then the cremated remains will not be recoverable. If scattering is performed in a common area, then the cremated remains may be commingled with parties of other cremated remains that have been previously scattered.