

CREMATION AUTHORIZATION

I/WE authorize JOBE FUNERAL HOME & CREMATORY, INC. to cremate the remains of
Age who died at _____ A.M./P.M. on _____ and certify that I/We have the right to make such
authorization; and agree to indemnify the JOBE FUNERAL HOME & CREMATORY, INC. from any and all
liability because of said authorization and cremation. I/We identify the above named deceased at
_____ on _____. I/We further authorize
you to make the following disposition of the cremains: _____

Signed _____ Relationship _____

Signed _____ Relationship _____

Witness _____ Date _____

Witness _____ Date _____

Funeral Director _____ Phone (412) 823-1950 _____

Place of Death _____
Township, Borough, or City County State

Cause of Death _____ Race _____ Sex _____

PACEMAKER OR OTHER MEDICAL DEVICES? NO _____ YES _____ REMOVED _____

ARE REMAINS EMBALMED? NO _____ YES _____

REMAINS THAT ARE NOT EMBALMED MUST BE IN A POUCH OR CREMATION CONTAINER

Date and Time of arrival to Crematory: _____, _____ A.M. / P.M.

Coroner Authorization for Cremation : BY FAX _____ BY PHONE _____ AUTHORIZED BY _____

Date and Time cremains needed: _____, _____ A.M. / P.M.