

# CCI Chesapeake Crematory, Inc.

10771 Tucker St., Beltsville MD 20705 Phone 301-937-3187 Fax 301-937-5584 (Note: Please call your funeral home with questions.)

## AUTHORIZATION FOR CREMATION

Name of Decedent: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Funeral Home: \_\_\_\_\_ Date of Death: \_\_\_\_\_ Time of Death: \_\_\_\_\_

## IDENTIFICATION AFTER DEATH

Maryland law (Chapter 5-502, Health-General Article, Maryland Annotated Code) states that a deceased human body may not be cremated until it has been identified by the next-of-kin, another person authorized to arrange disposition, the Delegate thereof, or the Medical Examiner. I hereby identify the remains as the above-named decedent.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Name (print): \_\_\_\_\_ Relationship to decedent: \_\_\_\_\_  
Address: \_\_\_\_\_

## CREMATION AUTHORIZATION

I/we, the undersigned, certify that I/we have the status initialed by the undersigned below regarding the above-named decedent (initial one):

\_\_\_\_\_ I/we are either the above-named decedent acting prior to death, the legally authorized agent of the above-named decedent, or the closest living next-of-kin thereof. As such, I/we are in complete charge of the remains of the above-named decedent and as such possess full legal authority to execute this authorization form and to arrange for the disposition of the above-named decedent.

OR:

\_\_\_\_\_ I/we have made a good-faith effort to no avail to obtain authorization for disposition of the above-named decedent from any and all known next-of-kin or agents of the above-named decedent, and I/we therefore accept responsibility for the disposition of the above-named decedent and as such possess full legal authority to execute this authorization form and to arrange for the disposition of the above-named decedent.

I/we, the undersigned, certify that by authorizing cremation, I/we are not knowingly contravening a legally valid advance directive by the above-named decedent.

I/we, the undersigned, hereby authorize and request CCI, in accordance with and subject to its rules and regulations and any applicable state or local laws or regulations, to cremate the human remains of the above-named decedent at its discretion and according to its own work schedule. I/we have read the codicil to this form (see next page) titled "Chesapeake Crematory Inc. Policies, Procedures & Requirements" and hereby authorize CCI to perform the cremation of the above-named decedent in accordance with that document.

As the Authorizing Agent(s), I/we hereby agree to indemnify, defend, and hold harmless CCI, the referring funeral establishment(s) or mortician(s), and their officers, agents and employees from any and all claims, demands, causes of action, and suits of every kind, 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 failure to properly identify the above-named decedent, unpleasant sights or odors experienced by the person identifying the above-named decedent, the processing, shipping and disposition of the above-named decedent's cremated remains, the failure to take possession of or make proper arrangements for the handling or disposal of the cremated remains, any damage due to harmful or explodable implants, claims brought by any other person(s) claiming the right to control the disposition of the above-named decedent or the decedent's cremated remains, or any other action performed by CCI, the referring funeral establishment(s) or mortician(s), or their officers, agents, or employees, pursuant to this authorization, excepting only acts of gross negligence.

I/we verify that we have notified the funeral home(s) and mortician(s) of the existence of, and allowed them permission to remove, any pacemakers and radioactive implants prior to delivering the above-named decedent to CCI. My initials below indicate the circumstances regarding this matter:

\_\_\_\_\_ I/we know of no pacemaker or radioactive implant in the body of the above of the above-named decedent.

OR:

\_\_\_\_\_ The body of the above-named decedent contains the following implant(s): \_\_\_\_\_

(CONTINUED ON NEXT PAGE)

### FOR CCI INTERNAL USE ONLY:

Delivery date: \_\_\_\_\_ Deliverer: \_\_\_\_\_ Tag(s) checked: \_\_\_\_\_ Transit permit received \_\_\_\_\_  
DC/VA stamp received \_\_\_\_\_ Crem. date: \_\_\_\_\_ Mach.: \_\_\_\_\_ Cremation #: \_\_\_\_\_ Op: \_\_\_\_\_ Start: \_\_\_\_\_ Stop: \_\_\_\_\_  
Pick-up date: \_\_\_\_\_ Pick-up person: \_\_\_\_\_ Tag/label/cremation cert. checked: \_\_\_\_\_

## CCI AUTHORIZATION FOR CREMATION - (PAGE 2)

I/we hereby request that the events preceded by my/our initials below occur at the crematory before the cremation:

\_\_\_\_\_ funeral ceremony at CCI (with the body present)

\_\_\_\_\_ in-person identification of the decedent at CCI by me/us, the next-of-kin, or his/her Delegate

\_\_\_\_\_ witnessing of the casket/container being placed in the cremation chamber (in accordance with guidelines and policies below).

I/we hereby request that CCI and/or the referring funeral establishment do the following with the cremated remains of the above-named decedent:

I/we authorize CCI and/or the referring funeral home to dispose of the cremated remains of the above-named deceased if not claimed within 90 days from the date of death, and also hold the funeral establishment harmless from any liability while holding the cremated remains during that period.

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

By executing this Cremation Authorization, as Authorizing Agent(s), the undersigned warrant that all representation and statements contained on this form are true and correct, that these statements were made to induce CCI to cremate the human remains of the above-named decedent, and that the undersigned have read and understood the provisions contained on this form and the CCI Policies, Procedures and Requirements codicil to this form

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name (print): \_\_\_\_\_ Relationship to decedent: \_\_\_\_\_

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

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name (print): \_\_\_\_\_ Relationship to decedent: \_\_\_\_\_

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

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name (print): \_\_\_\_\_ Relationship to decedent: \_\_\_\_\_

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

I, the undersigned funeral director, have reviewed all the identification tags and paperwork accompanying the above-named decedent before delivery to CCI:

Funeral Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# CCI Chesapeake Crematory, Inc.

## POLICIES, PROCEDURES, AND REQUIREMENTS

The cremation, processing and disposition of the remains of a decedent shall be performed in accordance with all governing laws, and the policies, procedures and requirements of Chesapeake Crematory, Inc., hereinafter referred to as CCI, and the designated funeral establishment.

This document describes many of the policies and requirements of CCI and is incorporated as a codicil to our Authorization for Cremation form. We suggest that you read this document carefully before executing the Authorization for Cremation.

### CCI Requirements for Cremation

*Cremation will take place only after all of the following conditions have been met:*

1. Any scheduled ceremonies or viewings have been completed,
2. 12 hours have transpired since the death occurred,
3. civil and medical authorities have issued all required permits, and
4. all necessary authorizations and identification have been obtained.

(CONTINUED ON NEXT PAGE)