## Gateway Crematory CR-297 1410 S. Acacia Ave. #D Fullerton, CA 92831 (714) 535-3715

## **Authorization for Cremation and Disposition of Human Remains**

[Note: This is an important legal document which you should read carefully before signing.]

If you have any questions please ask your funeral Counselor and or,

"For more information on Funeral, Ceremony, and Cremation matters, contact:

Department of Consumer Affairs Cemetery and Funeral Bureau, 1625 North Market Blvd. Suite S-208 Sacramento, CA

95834

(916) 574-7870"

The Cremation Process is performed according to California Law. There can be no Allowance for ethnic or religious variation. Subject to the rules and regulations of Gateway Crematory and any applicable Federal, State, Local Laws, or Ordinances the undersigned hereby certifies, warrants and represents that I/We have the full legal right and authority to authorize Gateway Crematory (hereafter the "Crematory") to perform the cremation of the remains of:

(nereafter the Crematory ) to perform the crem	lation of the remains of:	
[FIRST NAME]	[MIDDLE NAME]	[LAST NAME]
		Approximate Weight
The state of the s	sual Address]	sition of the cremated remains as follows:
Place of Final Disposition	in ), and to arrange imar dispos	ation of the element temans as follows.
•	C	
I hereby <b>DECLINE</b> to View the Decedent at th		
I REQUEST a Viewing of the Decedent at the	Crematory; Date/Time	; INITIAL
ID	Viewing or Witness the inse	ertion into the cremation chamber (Circle One)
Funeral Home handling the arrangements:A	N LAC FUNERAL SER	VICES
meet the following standards: 1) be composed complete covering for the human remains; 3) be to provide protection for health and safety of container, including opening it if necessary. In directly for instructions. Metal, Plastic, Fiber Crematory is authorized to remove and disposed deems appropriate. These may include, but no	of combustible materials suitable resistant to leakage or spillage Crematory personal. The Crematory personal. The Crematory personal is leakage or or reglass Caskets or Cremation Ce of handles, ornaments and any ot limited to hinge, handles, lad remains, the excess will be play	container. All caskets and alternative containers must ble for cremation; 2) be able to be closed to provide a c; 4) be sufficient for handling with ease; and 5) be able atory is authorized to inspect the casket or alternative damage, the Crematory may contact the Funeral Home Containers will not be allowed to be cremated. The y other non-combustible items in any lawful manner it atches, etc. In the event the urn or other container is acced in a separate receptacle (plastic urn) at no charge. It is according to the disposition on this form.
Casket or Cremation Container Selected		/ Urn Selected
implants in the decedent, may create a hazardor removed prior to cremation. If the Crematory is person(s) authorizing the cremation will be hel by such devices or implants. By initialing this	us condition when placed in the s not notified of these devices an ld responsible for any damages paragraph, I/We give permission	es, as well as any mechanical or radioactive devices or cremation chamber. It is imperative that such items be ad implants, and not instructed to remove them, then the caused to Gateway Crematory personnel or equipment on to the Crematory, Funeral Home, or Staff to remove he and or the Crematory are authorized to dispose of the
Pac	remaker: YES OR NO (C	Circle One) (INITIAL)

D1			
Deceased:			
The Cremation Process:  The Human body burns with the casket, container, or other materials in the cremation chamber. Some bone fragments are not combustible at the incineration temperature and, as a result in the cremation chamber. During the cremation, the contents of the chamber may be moved to facilitate incineration. The chamber is composed of ceramic or other material which disintegrates slightly during each cremation and the product of that disintegration is commingled with the cremated remains. Nearly all of the contents of the cremation chamber, consisting of the cremated remains that disintegration chamber material, and small amounts of residue from previous cremations, are removed together and crushed, pulverized, or ground to facilitate inurnment. Some residue remains in the cracks and uneven places of the chamber. Periodically, the accumulation of this residue is removed and scattered at sea in accordance with State Laws. The acknowledgement shall be filed and retained, for at least five years, by the person who disposes of the remains. Due to the nature of the cremation process, any personal possessions or valuable materials such as dental gold or silver, or jewelry (as well as and body prostheses or dental bridgework) that are left with the Decedent and are not removed from the casket or cremation container prior to cremation may be destroyed and become non-recoverable, or if not destroyed, they will be handled by the Crematory in accordance with the instructions on the authorization. If you desire to save such items, the Authorizing Agent must make arrangements to remove any such possessions or valuables prior to cremation. After the cremated remains are removed from the cremation chamber, all non-combustible materials (insofar as possible), such as dental bridgework, body prostheses, and materials from the casket or containers such as hinges, latches, etc., will be separated and removed from the human bone fragments by visible or magnetic selection. Unless specifically requested to return such			
(INITIAL)			
DISPOSITION OF CREMATED REMAINS  I/We authorize the Crematory to release the cremated remains of the Decedent to the possession and custody of the Funeral Home. I/We understand that the services and obligation of the Crematory shall be fulfilled when the cremated remains of the Decedent are released to the possession and custody of the Funeral Home. I/We hereby authorize the Funeral Home to arrange for the disposition of the Decedent as stated below. I understand that in the event the cremated remains have not been permanently interred or picked up by me or my designated representative within 20 days from the date of cremation, The Funeral Home is authorized to lawfully dispose of the unclaimed cremated remains pursuant to statutes.: (Choose One)			
(INITIAL)	Deliver said cremated remains to: AN LAC FUNERAL SERVICES		
(INITIAL)	I appoint the Funeral Home as my agent to make shipment of said cremated remains via the U.S. Postal Service, I understand that the Funeral Home assumes No responsibility after delivery.		
	SHIP TO:		
(INITIAL)	RELEASE TO:		
Health and Safety Code Sec. 7100.1. Domestic Partner, 4) Adult Children, 5 and Disposition, I/We acknowledge and that the process of cremation is irrever this authorization. I/We agree to indem assigns, harmless from any and all loss performance consistent with directions any delay in, or damage arising from causes of action in connection with the	Agent is the person(s) having the right to control the disposition of the Decedent pursuant to Decedent, 2) An Agent under power of attorney for Health care, 3) Spouse or Registered 5) Parents, 6) Other surviving competent adult Kin. By signing this Authorization for Cremation and agree that I/We have read and understood every part of this Authorization, including the fact ribble, and I/We nevertheless desire that the Deceased's remains be cremated in accordance with mify, release and hold Gateway Crematory, The Funeral Home, Their affiliates, Employees and ses, damages, cost or expense resulting from the Funeral Home's and Crematory's reliance on or s, declaration, representation, authorization and agreements herein, including, but not limited to, the transportation of the human remains or cremated remains of the Decedent, and liability or e cremation and disposition of the cremated remains as authorized herein. I/We warrant that all therein are true and correct. I/We have either identified or waived my/our rights of identification		

of the Decedent that were delivered to the Funeral Home as the Decedent and I/We have authorized the Funeral Home to deliver the

Signature of Authorized Agent: Relationship

Phone #

Executed at \_\_\_\_\_\_ on \_\_\_\_\_

Decedent to the Crematory.

Printed Name:\_\_\_