

Affordable Funeral Home, LLC

Mailing Address: 28105 Highway 190, Lacombe, LA 70445
Phone- (985) 218-9701

CREMATION AUTHORIZATION AND RELEASE

State: Mississippi

Cremation No. _____

County/Parish: Pearl River County

Cremation Date _____

Notice: This is a legal document that contains important provisions concerning cremation. Please read this entire document carefully before signing.

Cremation is an irreversible and final process.

The undersigned hereby request and authorize Memorial Gardens Crematory & Mortuary Service, in accordance with and subject to its Rules and Regulations, to cremate the remains of:

DECEDENT'S NAME: _____

DECEDENT'S ADDRESS: _____

Date of Death ____/____/____ Place of Death _____ Age _____ Sex _____

Cause of Death _____ DEATH DUE TO INFECTION/CONTAGIOUS DISEASE: YES ___ NO ___

IMPORTANT NOTICE: FOR SAFETY'S SAKE, WE CANNOT ACCEPT RUBBER POUCHES, A BODY CONTAINING A PACEMAKER IMPLANTATION (Out _____), RADIATION PRODUCING IMPLANT DEVICE OR ANY LIFE SUSTAINING DEVICE THAT COULD BE EXPLOSIVE. THE CONTAINER MUST BE SUITABLE FOR CREMATION; YOU MUST NOTIFY US IF THE DEATH WAS DUE TO INFECTIOUS OR CONTAGIOUS DISEASE. ANY JEWELRY AND ANY PLASTIC SUBSTANCE, SUCH AS EYEGLASSES, MUST BE REMOVED BY THE FUNERAL HOME BEFORE CREMATION.

It is requested that the following disposition be made of the cremated remains:

Deliver Cremated Remains to _____

The undersigned hereby authorizes Memorial Gardens Crematory & Mortuary Service to deliver the Cremated Remains to the Funeral Home or via Postal Service Express Mail and agrees to assume all liability for any damage that may arise for any case growing out of said delivery and to indemnify and hold harmless Memorial Gardens Crematory & Mortuary Service and the Funeral Home from any claims to said shipment. I, the undersigned (the "Authorizing Agent"), hereby authorize and request Memorial Gardens Crematory & Mortuary Service to cremate and process the human remains of the above-named decedent. Schedule & Container Requirements: The crematory may perform the cremation upon receipt of the remains, at its discretion, and according to its time schedule, as work permits, without obtaining any further authorization or instructions from me/us. The crematory requires that the remains be placed in a combustible, leak-resistant rigid container for cremation. The crematory is authorized to dispose of any noncombustible residue or handles or other items attached to any casket or cremation container.

Cremation Process

Unless otherwise indicated in writing, Memorial Gardens Crematory & Mortuary Service, is authorized to dispose of any implanted silicone, mechanical, or radioactive device(s), at its sole discretion. I understand that, due to the nature of the cremation process, all mechanical devices and implants will either be destroyed or not recoverable. The human body burns with the casket container or other material in the cremation chamber. Some bone fragments are not combustible at the incineration temperature and, as a result, remain 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 produce of that disintegration is commingled with the cremated remains. Nearly all of the contents of the cremation chamber, consisting of the cremated remains, disintegrated chamber material, and small amounts of residue from previous cremations, are removed together and crushed, pulverized or ground to facilitate inurnment or scattering. Some residue remains in the cracks and uneven places of the chamber. Periodically, the accumulation of this residue is removed and interred in a dedicated cemetery property or appropriate area.

Authorization

I hereby certify that I am related to the deceased as _____, the deceased died of natural cause, and I have the right to authorize this cremation and the disposition of the Cremated Remains.

I hereby state that I am the closest living next of kin of the decedent or are otherwise empowered and authorized to execute this authorization according to all State and local laws.

I am aware of no objections to this cremation by the spouse, any child, parent or sibling of the decedent, or of provisions of any contract of instructions made by the decedent.

I have either identified or waived my rights of identification of the human remains that were released to Memorial Gardens Crematory & Mortuary Service as the decedent. All personal property and/or valuables have been removed from the remains, or I hereby order them cremated with the remains. I understand that any personal property or valuables, including dental gold, on or with the body will be destroyed in the cremation process, and therefore will not be recoverable.

I hereby indemnify and hold harmless Memorial Gardens Crematory & Mortuary Service, its officers, directors, agents and employees, from any claim, liability, cost or expense resulting from their reliance on or performance consistent with the directions, declarations, representations, authorizations, and agreements herein, including but not limited to, claims brought by any persons claiming the right to control the disposition of the decedent of decedent's cremated remains. I further state that all representations and statements contained herein are true and correct. These statements are being relied on by the crematory, and the undersigned have read and understood the provisions of this document.

Funeral Home: Affordable Funeral Home

Signed: _____

Funeral Director Signature: _____

Address: _____

Address: 28105 Highway 190

City, State, Zip: _____

City, State, Zip: Lacombe, LA 70445

Telephone: _____

Telephone Number(s): 985-218-9701

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