

# Demaray Funeral Service, Inc.

Gooding Chapel \* Shoshone Chapel \* Wendell Chapel

Main Office

737 Main Street Gooding, Idaho 83330

(208) 934-4406 Fax (208) 934-4407

Email ~ demarayfuneralservice@gmail.com

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Cremation ID Number \_\_\_\_\_

## CREMATION AND DISPOSITION AUTHORIZATION

This authorization form is a legal document which must be completed prior to the cremation. This document contains important provisions concerning cremation. Cremation is an irreversible and final process.

We want you to fully understand the information provided in this Authorization Form, so we will be pleased to answer any questions about the cremation process or other information on this Form.

Name of Decedent: \_\_\_\_\_; Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Date of Death: \_\_\_\_\_; Time of Death: \_\_\_\_\_ AM / PM

Place of Death: \_\_\_\_\_  
City County State

I/we, the undersigned as the Authorizing Agent(s) hereby authorize and request in accordance with and subject to the rules and regulations and applicable state of local laws or regulations for; Demaray Funeral Service at 737 Main Street Gooding, Idaho to arrange the cremation of the decedent and to arrange for the final disposition as set forth in this form.

➤ **Initials of Authorized Agents:** \_\_\_\_\_

### IDENTIFICATION

I/we have identified \_\_\_\_\_; waive such identification \_\_\_\_\_ of the human remains that were delivered to the Funeral Home.

➤ **Initials of Authorized Agents:** \_\_\_\_\_

### MERCHANDISE

Demaray Funeral Service and Crematory will not accept the remains of the Decedent for cremation unless they are placed in a suitable cremation container. Demaray Funeral Service and Crematory reserves the right to accept or reject a cremation container constructed of non-combustible material.

Container selected by Authorized Agents: \*\* \_\_\_\_\_

After the cremated remains are processed, they will be placed in the urn selected by the Authorized Agents. The Authorized Agents acknowledges that it is impossible to recover all the dust and residue from the cremation and processing.

Urn selected by Authorized Agents: \*\* \_\_\_\_\_

➤ **Initials of Authorized Agents:** \_\_\_\_\_

### DISCLOSURE OF MECHANICAL DEVICES, IMPLANTS, PROSTHESIS AND RADIOACTIVE IMPLANTS

Mechanical devices, implants, prosthesis and certain nuclear residues in the Decedent may create a hazardous condition when placed in the cremation chamber and subjected to heat. The following list describes all devices which may be implanted in or attached to the Decedent:

I/we understand that due to the nature of the cremation process all mechanical devices, implants and prosthesis will either be destroyed or unrecoverable. I/we also state that the above list is a complete list of all such mechanical devices, implants, prosthesis and treatments received by the decedent of any radioactive materials. I/we agree to indemnify Demaray Funeral Service, its agents and employees, against loss from any claims, demands or damages which may be made or declared against them by reason of our failure to timely disclose the existence of such items.

➤ **Initials of Authorized Agents:** \_\_\_\_\_

I/we understand that some type of prosthetics, mechanical devices, dental or surgical implants, etc. (all hereafter termed "devices") must be removed from the deceased prior to cremation. Of those that remain within the body after death, I/we state that:

1) The following listed devices will be removed by Demaray Funeral Service, licensed agents or licensed employees and made available to myself/ourselves: \_\_\_\_\_

2) The following listed devices will be removed by Demaray Funeral Service, licensed agents or licensed employees and may be disposed of in a proper manner as determined by Demaray Funeral Service, its agents and employees. \_\_\_\_\_

➤ **Initials of Authorized Agents:** \_\_\_\_\_

### FINAL DISPOSITION

Demaray Funeral Service and Crematory is hereby authorized to:

1) Hold cremated remains in the urn at Demaray Funeral Service – Gooding Chapel for pickup: Release to: \_\_\_\_\_

2) Transport to \_\_\_\_\_ Cemetery for inurnment;

3) Deliver cremated remains to: \_\_\_\_\_; \_\_\_\_\_; \_\_\_\_\_  
(By common carrier – U.S.P.S.) Name Address City, State Zip Code

If item 3 is chosen, then I/we release the Demaray Funeral Service from any and all responsibility upon delivery of the cremated remains and urn to a common carrier.

➤ **Initials of Authorized Agents:** \_\_\_\_\_

**CREMATION PROCESS**

Cremation is preformed to prepare the deceased for memorialization. Demaray Funeral Service places the human remains of the decedent in a combustible casket or other container. Demaray Funeral Service, licensed agents or licensed employees then will place the cremation container and human remains into the cremation chamber. Incineration of the container and its contents is accomplished by substantially increasing the temperature in the cremation chamber until combustion is obtained. After approximately two and half hours, all substances are consumed or driven off, except bone fragments (calcium compounds) and metal.

Due to the nature of the cremation process, any personal possessions or valuable material, such as dental gold or jewelry that are left with the decedent and not removed from the cremation container prior to the cremation will be destroyed or will otherwise not be recognizable or recoverable.

Following an appropriate cooling period, the cremated remains are swept or raked from the cremation chamber. Demaray Funeral Service and Crematory makes all reasonable effort and uses its best efforts 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 effort will be made to avoid commingling, inadvertent or incidental commingling of minute particles of cremated remains from the residue of previous cremations is a possibility, and the Authorized Agent understands and accepts this fact.

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 then be mechanically processed (pulverized). This process of crushing or grinding may cause incidental commingling of the remains with the residue from the processing of previous cremated remains. These granulated particles of unidentifiable dimensions will be virtually unrecognizable as human remains.

After the cremated remains have been processed, they will be placed into a designated urn or container. Demaray Funeral Service and 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 in processing equipment.

I/we have read and understood the above Cremation Process and have no questions about the cremation process.

➤ **Initials of Authorized Agents:** \_\_\_\_\_

**IDAHO CODE @ 54 – 1142. AUTHORITY IN ABSENCE OF PREARRANGED FUNERAL PLAN**

If the decedent has not made a prearranged funeral plan as set forth in section 54 – 1139, Idaho Code, the right to control the disposition of the remains of a deceased person vest in, and devolves upon the following in the order named:

- \_\_\_\_\_ 1) A person or entity designated in a written document executed by the decedent and acknowledged in the same manner as required for instruments conveying real property, and subject to such limitations, restrictions, or directions, as may set forth in such document;
- \_\_\_\_\_ 2) No document was executed by the decedent and I am the surviving spouse;
- \_\_\_\_\_ 3) No document was executed by the decedent, there is no surviving spouse and we represent the majority of the adult surviving children;
- \_\_\_\_\_ 4) No document was executed by the decedent and there is no surviving spouse or adult children and I/we are the surviving parent(s);
- \_\_\_\_\_ 5) No document was executed by the decedent and there is no surviving persons in parts 2, 3 or 4 and I am the personal representative of the decedent as named in the will or appointed by court order;
- \_\_\_\_\_ 6) No document was executed by the decedent and there is no surviving persons in parts 2, 3 or 4 and there is no personal representative of the decedent, and I am entitled to inherit from the decedent under the laws of Idaho.

I/We therefore state that:

- A) I am/We are the closest living next of kin of the Decedent or;
- B) I am/We are otherwise empowered and authorized to execute this authorization according to all state and local laws by reason of:

\_\_\_\_\_ (example answer; being Personal Representative, being Coroner, etc.)

I am/We are aware of no objections to this cremation by the spouse, any child, parent or sibling of the Decedent, or of provisions of any contract or instruction made by the Decedent.

I/We hereby agree to indemnify and hold harmless Demaray Funeral Service and Crematory, their officers, licensed directors, agents and employees, from any claim, liability, cost or expense resulting from the Funeral Home and Crematory's reliance on or performance consistent with the directions, declarations, representations, authorizations and agreements herein, including but not limited to, any delay in, or damage arising from the transportation of the human remains or cremated remains of the Decedent.

By execution of this form below and initials at appropriate spaces for Authorization Agent(s) of this two-page form, the undersigned(s) warrant(s) that all representations and statements contained in this form are true and correct. That these statements are being relied on by Demaray Funeral Service and Crematory and that the undersigned has/have read and understood the provisions of this document.

Executed at \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_  
*City and State Day Month*

1) **Printed Name and Signature**

**Relationship:**

**Address:**


2) **Printed Name and Signature**

**Relationship:**

**Address:**


3) **Printed Name and Signature**

**Relationship:**

**Address:**


**FUNERAL HOME REPRESENTATIVE**

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*License Number*

\_\_\_\_\_  
*Date*