

Abita Crematory ~ 20419-B Highway 36 ~ Covington, LA 70433

985-875-1131 (Phone) 985-875-1132 (Fax)

CREMATION AUTHORIZATION AND RELEASE

State of Louisiana

Cremation No. _____

Parish of St. Tammany

Cremation Date _____

This authorization and release, signed by the next-of-kin or legal custodian of the decedent and the funeral home initiating the call to Abita Crematory, must be properly executed and delivered to a bonafide representative of Abita Crematory before Abita Crematory can accept the body of the deceased for cremation.

The undersigned hereby requests and authorizes Abita Crematory, in accordance with and subject to its Rules and Regulations, to cremate the remains of:

Decedent's name: _____

Decedent's address: _____

Date of death: _____ Time of death: _____ Age: _____ Sex: _____

DEATH DUE TO INFECTION / CONTAGIOUS DISEASE: YES _____ NO _____

IMPORTANT NOTICE: FOR SAFETY'S SAKE, WE CANNOT ACCEPT RUBBER POUCHES, A BODY CONTAINING A PACE-MAKER IMPLANTATION, RADIATION PRODUCING IMPLANT DEVICE OR ANY OTHER 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:

_____ Place the Cremated Remains in _____ (fees and types of services available upon request) Cemetery or place of final repose

_____ Deliver the cremated remains to _____ at this mailing address: _____

The undersigned hereby authorizes Abita Crematory to deliver the cremated remains *via registered mail* and agrees to assume all liability for any damage that may arise from any cause growing out of said delivery and to indemnify and hold harmless Abita Crematory and the Funeral Director from any and all claims related to said shipment. The undersigned also agrees to pay the charge for such delivery in the amount of \$ _____.

_____ *Hold the cremated remains for future instructions. We understand that Abita Crematory cannot hold the cremated remains longer than 30 days without a written agreement. After 30 days, Abita Crematory may deliver the cremated remains to the Funeral Home or authorizing agent by Registered Mail under the provisions and conditions as stated above.*

I hereby certify that I have identified and am related to the deceased as _____, and I have the right to authorize this cremation and the disposition of the cremated remains. I understand that due to the nature of the cremation process, any valuable material, including dental gold, will either be destroyed or not be recoverable. Any personal possessions accordingly have either been removed or may be destroyed. If the container or any portion thereof is not suitable for cremation. Abita Crematory may require the remains to be removed to a suitable container. I understand that the cremated remains are bone fragments, which will be reduced in size and placed in a temporary plastic bag or container. All permanent urns provided by Abita Crematory are sufficient in size for all cremated remains. More than one temporary bag or container may be used where no permanent urn is utilized. In the event the capacity of the urn I selected elsewhere is less than the amount of the cremated remains, Abita Crematory is hereby authorized to return said excess Cremated Remains in a temporary container. I further agree that I will indemnify and hold harmless Abita Crematory and the Funeral Home, their officers and employees from any liability costs, expenses or claims resulting from this authorization.

AUTHORIZING AGENT

Funeral Home: Serenity Funeral Home # 2794

Print: _____

Address 20419 Highway 36

Sign: _____

City, State, Zip Covington, LA 70433

Address: _____ DATE

Sign: _____

City, State, Zip _____

Funeral Director's Signature

Print: _____

Sign: _____

