CREATION, PROCESSING AND FINAL DISPOSITION AUTHORIZATION

Notice: This is a legal document. Cremation is Irreversible and Final. Special Provisions concerning Cremation are contained within this contract. Please read it CAREFULLY before signing.

I/we, the undersigned certify, warrant and represent that I/we have the full legal right and authority to authorize the cremation, processing and disposition of the remains of:

Name of Deceased: _____ (herein after referred to as the "Deceased")
Date of Death: _____ Time of Death: _____
Place of Death: _____
Cause of Death: _____

I / we hereby request and authorize the Robert L. Snyder Funeral Home and Crematory, Inc. (herein after referred to as the "Funeral Home") to take possession of and make arrangements for the cremation of the deceased at **Lakeland Area Cremation Facility** (herein after referred to as the "Crematory")
I/we authorize the Crematory to return the cremated remains of the deceased to the possession and custody of the Funeral Home.
I / we authorize the Funeral Home to arrange for the disposition of the cremated remains of the deceased as follows:

☐ Funeral Home will pick up: _____ Suitable for shipping Yes (__) No (__)

☐ Deliver to: _____ ☐ Ship via U.S. Registered Mail*

To: Name: _____
Address: _____

Burial ☐ Yes ☐ No

* Funeral Home and Crematory are not responsible for any loss or damage of cremated remains shipped via Registered U.S. Mail with the United States Postal Service or any other carrier.

The cremation, processing and disposition of the remains of the Deceased authorized herein shall be performed in accordance with all governing laws, the rules, regulations and policies of the Crematory and Funeral Home, and the following terms and conditions:

1. The remains of the Deceased will not be accepted for cremation unless received by the Crematory in a combustible, leak resistant, rigid container. The Crematory is authorized to remove and dispose of handles, ornaments and any other noncombustible items attached to the cremation container prior to cremation. In the event that the remains of the Deceased are received by the Crematory in a casket or other container constructed of metal, fiberglass or other noncombustible material, I/we authorize the remains of the Deceased to be removed prior to cremation and placed in a combustible cremation container. I/we further authorize the Funeral Home or Crematory to make disposition of any such noncombustible casket in any lawful manner it deems appropriate.
2. Mechanical or radioactive devices implanted on the remains of the deceased (such as pacemakers, ect.) may create a hazard when placed in the cremation chamber. The Crematory will not cremate any human remains which contain any type of implanted mechanical or radioactive device. In the event that the remains of the Deceased contain such a device, I/we hereby authorize the Funeral Home, its agents and employees, to remove any such mechanical devices from the remains of the Deceased prior to cremation, and to dispose of such items at its discretion**.**

I/WE HEREBY CERTIFY THAT THE REMAINS OF THE DECEASED DO ☐ _____ DO NOT ☐ _____ (Please check and initial the appropriate box.) **CONTAIN ANY TYPE OF IMPLANTED MECHANICAL OR RADIOACTIVE DEVICE.**

Listed below are all implanted mechanical and radioactive devices which the Funeral Home is authorized to remove from the remains of the Deceased prior to cremation and dispose of as indicated: (If no written instructions for the disposition is provided, such items may be disposed at the discretion of the Funeral Home or crematory).

Description of Implanted Device(s)	Disposition
_____	_____

I/WE acknowledge the receipt of any and all personal property and effects of the above named deceased from the funeral home that may have been sent with the decedent from the place of death and I/we agree to indemnify, release and hold the Crematory, Funeral Home, their affiliates, agents, employees and assigns, harmless from any and all losses, damages, liability or causes of action (including attorney's fee and expense of litigation) in connection with the cremation of the decedent and any personal property or effects remaining with the decedent.

Signed : _____

3. The cremation container containing the remains of the Deceased will be placed into the cremation chamber and will be totally and irreversibly destroyed by prolonged exposure to intense heat and direct flame.
4. Certain items, including, but not limited to body prostheses, dentures, dental bridgework, dental fillings, jewelry, and other personal articles accompanying the remains of the Deceased, may be destroyed during the cremation process. I/we further authorize that if any items, other than the cremated remains if the Deceased are recovered from the cremation chamber, they may be separated from the cremated remains of the Deceased and disposed of by the Crematory.
5. I/We hereby authorize the Crematory to separate and remove from the cremation chamber all non combustible materials, including but not limited to, hinges, latches, screws, jewelry, and precious metals and to dispose of such materials.
6. Following cremation, the cremated remains of the Deceased, consisting primarily of bone fragments, will be mechanically pulverized to an unidentifiable consistency prior to placement in an urn or other container.
7. Unless an urn or container suitable for shipment is purchased, the Crematory will place the cremated remains of the Deceased in a container which is not designed for any type of shipment.
8. In the event that the urn or container is insufficient to accommodate all of the cremated remains of the Deceased, any excess cremated remains will be placed in a secondary container and returned to the Funeral Home, together with the primary urn or container.
9. I/We understand and acknowledge, that even with the exercise of reasonable care and the use of the Crematory's best efforts, it is not possible to recover all particles of the cremated remains of the Deceased, and that some particles may inadvertently become commingles with particles of other cremated remains remaining in the cremation chamber and/or other device utilized to process the cremated remains of the Deceased. I/We authorize the Crematory to dispose of such residual particles in any lawful manner it deems appropriate.
10. Unless I/we give specific written instructions in this Authorization, the cremation, processing and disposition of the remains of the Deceased will not be performed in accordance with any particular religious or ethnic customs.
11. In the event the cremated remains of the Deceased remain unclaimed for a period of 30 days, the Funeral Home shall give written notice to me/us by certified mail at the address indicated below. I/we agree that in the event that the cremated remains of the Deceased remain unclaimed for a period of 120 days after the date of such written notification is mailed, the Funeral Home is authorized and directed to dispose of unclaimed cremated remains of the Deceased in any lawful manner it may deem appropriate.
12. I/We agree to indemnify, release and hold the Crematory, Funeral Home, their affiliates, agents, employees and assigns, harmless from any and all loss, damages, liability or causes of action (including attorney's fee and expense of litigation) in connection with the cremation and disposition of the cremated remains of the Deceased, as authorized herein, or my/our failure to correctly identify the remains of the Deceased, disclose the presence of any implanted mechanical or radioactive devices, or take possession of or make permanent arrangements for the disposition of such remains.
13. Except as set forth in the Authorization, no warranties, expressed or implied are made by the Funeral Home or Crematory or any of the respective affiliates, agents or employees.

SIGNATURE OF PERSON(S) AUTHORIZING CREMATION AND DISPOSITION (Authorizing Agents)

I/We warrant that all representation and statements made herein are true and correct and that I/we have read and understand the provisions contained in this document.

Signature: _____
Signature Print Name Relationship to Decease

Address: _____ Tel. No: _____
Street City State Zip

Signature: _____
Signature Print Name Relationship to Deceased

WITNESS: _____ Date: _____
Signature Print Name

Lakeland Area Cremation Facility
3223 Perry Hwy., P.O. Box 195
Sheakleyville, Pennsylvania 16151
724-253-2384
Fax: 724-253-4384

White – Crematory ● Canary – Requesting Funeral Home