LEWIS FUNERAL HOME

CREMATION AUTHORIZATION , PROCESSING AND DISPOSITION OF THE HUMAN REMAINS OF:

DECEASED NAME: _____

SOCIAL SECURITY NUMBER _____

AGE: _____ AND DATE OF BIRTH: _____

Date and time of death of (Hereinafter, "the Deceased") was _____
(date) (time am/pm)
as indicated on the attached attending physicians's, medical examiner's, or coroner's certificate of death.

The undersigned agent of the Deceased certifies that said agent has the full legal authority and right to authorize the cremation, processing, and disposition of the Deceased remains, and further, said agent certified that, to the agent's knowledge, there exist no person who possesses a superior priority and no person of equal priority who disagrees with this authorization.

Exercising the authority aforesaid, 1, the undersigned, hereby authorize Lewis Funeral Home to take possession of , make arrangements for, the cremation of the remains of the Deceased at Dunbar Crematory (hereinafter, "Crematory Authority"); said Crematory authority being specifically authorized to carry out the process of cremation of the Deceased's remains, in accordance with the provisions of Chapter 8 of Title 32,1976 S.C. Code, as amended, upon receipt of the Deceased's remains.

1, as agent of the Deceased, hereby declare that, to the best of my knowledge: (Check One)
_____ The Deceased's remains DO NOT contain a pacemaker or any other material or implant that may be hazardous to, or cause damage to, the cremation chamber or the person performing the cremation.

_____ The Deceased's remains DO contain a pacemaker or other material or implant that may be hazardous to, or may cause damage to, the cremation chamber or the person performing the cremation. *** PLEASE LIST ALL MATERL/,IMPLANTS HERE: _____
_____

1, as agent of the Deceased hereby declare that, to the best of my knowledge: (Check One)
_____ The Deceased DID NOT have any infectious, contagious, or communicable disease or a disease declared by the Department of Health and Environmental Control to be dangerous to the public health.

_____ The Deceased DID have an infection, contagious, or communicable disease declared by the Department of Health of Environmental Control to be dangerous to the public health.
*** PLEASE LIST ALL DISEASES HERE: _____
_____

The agent of the Deceased further authorizes and instructs the Crematory authority to properly depose of any items, other than the Remains of the Deceased, including but not limited to, body prostheses, dentures, dental bridgework, and dental fillings that are recovered from the cremation chamber. Jewelry and other personal articles that are recovered from the cremation chamber are to be disposed of as follows: _____

_____

THE CREMATION, PROCESSING, AND DISPOSITION OF THE REMAINS OF THE DECEASED, AS AUTHORIZED ABOVE, SHALL BE PERFORMED IN ACCORDANCE WITH ALL GOVERNING LAWS AS WELL AS THE RULES, REGULATIONS, AND POLICIES OF LEWIS FUNERAL HOME, AND/OR CREMATORY AUTHORITY, SUCH AUTHORIZATION BEING SUBJECT TO THE FOLLOWING TERMS AND CONDITIONS;

1. The remains of the Deceased will not be accepted by the Crematory authority unless the Deceased is in a casket, cremation casket, or an approved alternative container.

2. The Crematory Authority shall separate and remove from the cremation chamber all non-combustible materials, including but not limited to, hinges, latches, nails, jewelry, and precious metal, and the Crematory shall dispose of such materials as provided by law and/or as instructed herein.

3. Unless specifically authorized by the Deceased's agent(s), the Crematory Authority shall not simultaneously cremate the remains of more than one person in the same cremation chamber.

4. The services of the Crematory Authority are deemed to be fulfilled when the cremated remains of the Deceased are returned to the custody of Lewis Funeral Home.

5. Lewis Funeral Home is hereby authorized to dispose of the Deceased's cremated remains as follows: _____

6. If no method of disposition is specified in number 5 above, the cremated remains of the Deceased are to be held by the Crematory Authority for a period of 30 days, unless said Remains are picked up by or shipped to the agent or Lewis Funeral Home before that time. At the end of 30 days, if final disposition arrangements have not been made, the Crematory Authority may return the cremated remains to the agent of Deceased or Lewis Funeral Home.

7. If, at the end of sixty (60) days, no final disposition arrangements have been made, the Crematory Authority or Lewis Funeral Home in charge of the disposition arrangements, may dispose of Cremated remains in a manner provided by law, and in accordance with Chapter 8 of Title 32, 1976 S.C. Code as amended.

8. Deceased's agent may revoke this authorization within 12 Hours of its execution by providing written notice to Lewis Funeral Home which assisted in making these arrangements and the Crematory Authority designated to perform the cremation.

By signing this Cremation Authorization Form, 1, as agent for the Deceased, agree that Lewis Funeral Home and Dunbar Funeral Home & Crematory and their respective agents, employees, and assigns shall be held harmless in regard to any and all loss, damage, liability, or causes of action in connection with the cremation, processing, and disposition of the Deceased's remains. However, Lewis Funeral Home, the Cremation Authority, and their respective agents, employees, and assigns shall not be held harmless for any acts in regard to the cremation, processing, and disposition of the Deceased remains if said acts are performed in a grossly negligent manner.

FURTHER, I HEREBY STATE THAT ALL REPRESENTATIONS AND STATEMENTS MADE BY ME ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND FURTHER, THAT I HAVE READ AND UNDERSTAND THE PROVISIONS CONTAINED IN THIS DOCUMENT AND THE ATTACHED EXPLANATORY INFORMATION IN REGARD TO THE CREMATION PROCESS 1/WE UNDERSTAND THAT THE CREMATORY AUTHORITY AND Lewis Funeral Home, ARE RELYING UPON THE TRUTH OF THESE STATEMENTS BY ME/US AND, ACCORDINGLY, I/WE AGREE TO INDEMNIFY AND HOLD THEM, THEIR EMPLOYEES, AGENTS, ASSIGNS, HEIRS AND SUCCESSORS FULLY HARMLESS FROM ALL LIABILITIES, INCLUDING COUNSEL AND MEDICAL FEES, WHICH ANY OR ALL MIGHT INCUR IF ANY ONE OR MORE OF THESE STATEMENTS ARE UNTRUE.

AGENT SIGNATURE: ________________________________ DATE: ______________

RELATIONSHIP TO DECEASED: __________________ AGENT PHONE: ______________

ADDRESS OF AGENT: ____

WITNESS: ____________________ DATE: ____________ TIME: ________ AM OR PM ☐ ☐

AGENT SIGNATURE: ________________________________ DATE: ______________

RELATIONSHIP TO DECEASED: __________________ AGENT PHONE: ______________

ADDRESS OF AGENT: ____

WITNESS: ____________________ DATE: ____________ TIME: ________ AM OR PM ☐ ☐

AGENT SIGNATURE: ________________________________ DATE: ______________

RELATIONSHIP TO DECEASED: __________________ AGENT PHONE: ______________

ADDRESS OF AGENT: ____

WITNESS: ____________________ DATE: ____________ TIME: ________ AM OR PM ☐ ☐

****

(FOR MORTUARY USE ONLY)

The undersigned, a duly authorized representative of Lewis Funeral Home certified that the funeral establishment is licensed under the laws of the State of South Carolina, that he has read the foregoing statement by the Authorizer and that such statements are True to the best of his/her knowledge and to the undersigned funeral establishment. The undersigned funeral establishment understands that Dunbar Funeral Home & Crematory is providing the aforementioned services in reliance upon the truth of these employees, agents, shareholders and directors and their heirs, successors, and assigns, and holds Dunbar Funeral Home & Crematory harmless from any and all liabilities including counsel and all medical fees, which might incur if any one or more of these statements are untrue.

IN WITNESS WHEREOF, THE UNDERSIGNED HAS EXECUTED THIS AGREEMENT ON THIS THE _______ DAY OF ________________, ____________

Lewis Funeral Home by FUNERAL DIRECTOR: _________________________