East Norriton Crematory LLC

707 West Germantown Pike
Norristown, PA 19403

AUTHORIZATION TO CREMATE

The undersigned (the "Authorizing Agent(s) or "A.A.") hereby authorize(s) **EAST NORRITON CREMATORY LLC** (the "Crematory"), in accordance with any applicable state or local laws or regulations, to cremate the human remains of:

_____(the "Decedent") Date of Birth ____/____/_____

Date of Death _____/ _____/ _____ Time of Death _____ AM/PM Male ☐ Female ☐ Age _____

Place of Death: City, Borough, Twp. _____ County _____ State _____

The Authorized Funeral Home (the "Funeral Home") is _____

I/We hereby certify and agree to the following:

a. I/We or our agent have the human remains that were delivered to the Funeral Home as the Decedent and have authorized the Funeral Home to deliver the Decedent to East Norriton Crematory LLC for cremation.

b. I/We are over age 18 and the next of kin and/or have authority to sign and give permission for this cremation.

c. East Norriton Crematory LLC is authorized to perform the cremation upon receipt of the human remains, at its discretion, and according to its own time schedule, as work permits, without obtaining any further authorization or instructions.

d. Due to the cremation process, any materials, including dental gold, etc. will either be destroyed or be beyond recovery and will be recycled per CANA standards. Any personal property will be destroyed by the cremation process. All personal property that the family desires to keep has been removed prior to delivery to the Crematory.

e. All implanted heart pacemakers, radiation producing devices, or other implanted medical devices that could be explosive or harmful during the cremation process have been removed from the Decedent prior to delivery for cremation.

f. The undersigned agree(s) to defend, indemnify, and hold harmless the Crematory and its representatives from any and all liability whatsoever in performing these services and agrees to be liable for any damages to the crematorium or injury to its personnel if any implanted medical device explodes or causes damage.

g. The undersigned state the Decedent **does have** ☐ the following infectious or contagious diseases: _____ OR the Decedent **does not have** ☐ any infectious or contagious disease(s).

h. The weight of the Decedent does not exceed 400 lbs. (items a-h) Initials of A.A. _____

DISPOSITION OF CREMATED REMAINS

☐ Release to the possession and custody of the Funeral Home within ten days from the date of cremation.

☐ Deliver via Registered Mail ($_____ fee) to _____

Type of Cremation Container Desired: _____

Type of Urn Desired: _____

Inscription Notes: _____

Initials of A.A. _____

In event the cremated remains are not picked up by the Funeral Home or delivered by registered mail within 30 days of the cremation, The Authorizing Agent(s) authorize the Crematory to inter the cremated remains in a non-recoverable grave or spread them in a non-recoverable manner. Initials of A.A. _____

I/We assume all liability that may arise from shipment and hold the East Norriton Crematory LLC harmless from any and all claims that may arise therefrom. Initials of A.A. _____

LIMITATION OF LIABILITY As the Authorizing Agent(s), I/We hereby agree to indemnify, defend, and hold harmless the East Norriton Crematory LLC, and/or the Funeral Home, their agents, and employees, of and from any and all claims, demands, causes or causes of action, and suits of every kind, nature and description, in law or equity, including any legal fees, costs and expenses of litigation, arising as a result of, based upon, or connected with this authorization, including the failure to properly identify the Decedent or the human remains transported to East Norriton Crematory LLC, the processing, shipping, and disposition of the Decedent's cremated remains, the failure to take possession of or make proper arrangements for the disposition of the cremated remains, any damage due to harmful or explodable implants, claims brought by any other person(s) claiming the right to control the disposition of the Decedent or the Decedent's cremated remains, or any other action performed by East Norriton Crematory LLC and/or the Funeral Home, their agents or employees, pursuant to this authorization. The obligation of East Norriton Crematory LLC shall be limited to the cremation of the Decedent and the disposition of the Decedent's cremated remains as authorized on this form. **No warranties, expressed or implied, are made, and damages are limited to the amount of the cremation fee paid.** Initials of A.A. _____

SIGNATURE OF AUTHORIZING AGENT(S)

I/We, the undersigned, hereby certify that I am the closest living next of kin of the Decedent and that I am related to the Decedent as his/her _____ or that I otherwise serve(d) in capacity of _____to the Decedent, that I have charge of the remains of the Decedent and as such possess full legal authority and power, to execute this authorization form and to arrange for the cremation and disposition of the cremated remains of the Decedent. In addition, **there is no objection to this cremation by any interested party, including spouse, child, parent, or sibling.**

Signature _____ Signature _____

Signature _____ Signature _____

Witness at Signing _____ Signature _____

The Authorized Funeral Home has received permission as needed for the cremation to take place and has no reason to believe that any of the above family provided information is incorrect.

SIGNATURE OF FUNERAL DIRECTOR: _____

**Additional Authorizing Agents (A.A.) may sign on the back of this form.*