

# SULLIVAN FUNERAL CARE

## Cremation Authorization

For Individual Use under Provisions of A.C.A. § 20-17-102

I,  declare that it is my wish and I hereby authorize and direct that upon my death, my remains be cremated. I understand that "Cremation" as defined by the State of Arkansas means the reduction of human remains to bone fragments in a crematory by means of incineration.

I direct that the funeral service or crematory release my cremated remains to the following person(s):

**Release** my cremated remains to the following person. If that person is unable to accept receipt of my remains, I direct that they be released to the second named person.

**1st** Name  Relationship

Address  Telephone

**2nd** Name  Relationship

Address  Telephone

Special Instructions to my survivors regarding disposition of my remains:

I direct that all of my relatives, surviving at my death, honor this authorization, and that no funeral home, funeral service, cemetery and/or crematory shall be liable for arranging for or undertaking disposition of my remains if done in reliance on this authorization. Further, I direct that my estate, heirs, legal and personal representatives, at their sole expense, shall defend, hold harmless, and indemnify any such funeral home, funeral service, cemetery and/or crematory from any claim, liability, suit, cause of action, cost, or expense (including without limitation, reasonable attorneys' fees) incurred by any of them and resulting in any way from reliance on or performance consistent with this Authorization.

Declarant's Signature  Date

Printed Name  Date of Birth

*(Under Arkansas Law, this form must be signed in the presence of two (2) witnesses)*

Witness Signature \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address of Witness \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address of Witness \_\_\_\_\_

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ Year of \_\_\_\_\_.

My Commission Expires: \_\_\_\_\_

Notary Public