



170 West Sequim Bay Road \* P.O. Box 2673 \* Sequim, WA 98382 \* 360-683-1649

**AUTHORIZATION FOR CREMATION AND DISPOSITION BY AUTHORIZED AGENT**

**Cremation is an irreversible and final process. Please read carefully before signing.**

I/We, the undersigned, certify that I/we have the legal right to control disposition according to **RCW 68.50.160** and to authorize the cremation, processing and disposition of the remains of: \_\_\_\_\_ who died on: \_\_\_\_\_ (date) and whose date of Birth is: \_\_\_\_\_ and SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_.

**Washington RCW 68.50.160:** "If the decedent has not made a prearrangement ... the duty of ... disposition of such remains devolves upon the following in the order named: (a) **the surviving spouse**, (b) **the surviving adult children of the decedent**, (c) **the surviving parents of the decedent**, (d) **the surviving siblings of the decedent**, (e) **a person acting as a representative of the decedent under the signed authorization of the decedent.**" If I/we are not the only legal next of kin, or not the legal next of kin, I/we have made all reasonable efforts to contact such persons without success and have no reason to believe they would object to the cremation.

**AUTHORIZATION:** I/We hereby authorize Linde-Price Funeral Service to make arrangements for the Decedent's cremation at either Heritage Crematory or Mount Angeles Crematory. \_\_\_\_\_ (Initial)

**PACEMAKERS OR RADIOACTIVE IMPLANTS:** I/We hereby certify that the Deceased:  **Does**  **Does not** contain a pacemaker or radioactive device. Device: \_\_\_\_\_ (Initial)

**(Note: Cremation of a body with radioactive implants may be delayed until clearance is medically certified.)**

**CREMATORY REQUIREMENTS:** Under the Crematory policy, a combustible, rigid and leak resistant container is required for cremation and the cremated remains must be returned to the Funeral Home in an urn/container.

**Urn(s) Description:** \_\_\_\_\_

**Items to be returned:** \_\_\_\_\_

**DISPOSITION:** I/We authorize the Funeral Home to release the cremated remains as follows:

- Release to: \_\_\_\_\_ (Name and relation)
- Scattering
- Ship via **U.S. Priority Mail Express**

To: \_\_\_\_\_ Address: \_\_\_\_\_

**CREMATION DISCLOSURE:**

1. I/We understand that due to the nature of cremation, items such as body prosthesis, dentures, dental work, jewelry, or other unnamed personal articles will be altered, damaged or destroyed. I/We authorize the Crematory to collect and dispose of, donate or recycle the above mentioned articles, and any other non-combustible materials, in any lawful manner it may deem appropriate, and if proceeds are received, they may be used according to company discretion.
2. All reasonable and best efforts are used to completely remove all of the cremated remains from the chamber. However some minute particles may be left behind and incidental or inadvertent comingling of such particles is a possibility.
3. I/We agree to indemnify, release and hold the Crematory, Funeral Home, their employees and owners, harmless from any liability, cost or expenses in connection with the cremation process as authorized herein.
4. I/We understand that this document does not contain a complete and detailed description of every aspect of the cremation process.

Name of Deceased \_\_\_\_\_ Date of Birth \_\_\_\_\_ Date of Death \_\_\_\_\_

5. 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 or the designated person(s) named. I/We agree that in the event the cremated remains of the Deceased are unclaimed for a period of 120 days after the date such notification is mailed, the Funeral Home is authorized and directed to dispose of the unclaimed cremated remains by any lawful manner it may deem appropriate.

I have read the above disclosure and understand and accept the Cremation Disclosure. \_\_\_\_\_ (Initial)

**SIGNATURE OF PERSON(S) AUTHORIZING CREMATION AND DISPOSITION**

By executing this Cremation Authorization form, as Authorizing Agent(s) the undersigned warrant that all representations and statements contained in this form are true and correct, that these statements were made to induce the Crematory to cremate the human remains of the Decedent, and that the undersigned have read and understand the provisions contained on this form.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Relationship to Deceased: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address \_\_\_\_\_

\*Witness Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date: \_\_\_\_\_  
\*Witness can be friend or family member and does not need to be notarized.

**Additional Signature Page:**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Relationship to Deceased: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address \_\_\_\_\_

\*Witness Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date: \_\_\_\_\_  
\*Witness can be friend or family member and does not need to be notarized.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Relationship to Deceased: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address \_\_\_\_\_

\*Witness Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date: \_\_\_\_\_  
\*Witness can be friend or family member and does not need to be notarized.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Relationship to Deceased: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address \_\_\_\_\_

\*Witness Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date: \_\_\_\_\_  
\*Witness can be friend or family member and does not need to be notarized.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Relationship to Deceased: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address \_\_\_\_\_

\*Witness Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date: \_\_\_\_\_  
\*Witness can be friend or family member and does not need to be notarized.