



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

AUTHORIZATION FOR CREMATION AND DISPOSITION BY SELF

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

Name of Declarant: \_\_\_\_\_ Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

I declare that it is my wish and I direct that upon my death, my remains be cremated, and I direct that all of my relatives, surviving at my death, honor this authorization.

I hereby authorize and request that Linde-Price Funeral Service take control and make arrangements for my cremation at either Heritage Crematory or Mount Angeles Crematory and I give the Crematory the authority to cremate my human remains.

PACEMAKERS OR RADIOACTIVE IMPLANTS: I hereby certify that I:  Do  Do not have a pacemaker or radioactive device or implants. Device/Implant: \_\_\_\_\_ (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 authorize the Funeral Home to release my cremated remains as follows:

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

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

CREMATION DISCLOSURE:

- 1. I 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 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 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 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 that my cremated remains are unclaimed for a period of 30 days, the Funeral Home shall give written notice to the person(s) named. I agree that in the event that my cremated remains 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 Authorizing Cremation and Disposition**

I warrant that all representatives and statements made herein are true and correct, and that I have read and understand the provisions contained in this document.

Declarant signature \_\_\_\_\_ Printed Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Date \_\_\_\_\_

\*Witness Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Witness Relationship \_\_\_\_\_ Phone # \_\_\_\_\_ Date \_\_\_\_\_

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

\*Witness can be friend or family member and does not need to be notarized.