



170 West Sequim Bay Road | PO 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: _____ Date of Death: _____

Social security number: _____ - _____ - _____

I declare that it is my wish and I direct that upon my death, my remains be cremated, and I direct that all my relative whom survive my death honor this authorization.

AUTHORIZATION: I hereby authorize Linde-Price Funeral Service to make arrangements for my cremation at Mount Angeles Crematory. _____ (Initial)

PACEMAKERS/DEFIBRILLATORS AND/OR RADIOACTIVE IMPLANTS: I hereby certify that I: DO DO NOT contain a pacemaker/defibrillator and/or a radioactive device. Device: _____

Disposition of above device: _____ (Initial)
(Note: Cremation of a body with pacemakers/defibrillators and/or radioactive implants may be delayed until clearance is medically certified.)

CREMATORY REQUIREMENTS: Under Washington Administrative Code (WAC) Title 308 > Chapter 308-47, and crematory policy, the decedent must be placed into a "cremation container" as defined by a ridged, combustible container which encloses human remains for cremation. The cremated remains must be returned to the funeral home in a sealable urn/container.

Cremation Container: _____

Urn description: _____

Items to be returned: _____

DISPOSTION: I authorize Linde Price Funeral Service to release my cremated remains as follows:

Release to: _____ (name and relation)

Scattering by Linde Price Funeral Service

Shipping via USPS 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 and/or other unnamed personal articles will be altered, damaged, and/or destroyed. I authorized the crematory to collect and dispose of, donate and/or recycle the abovementioned 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 cremation 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, Linde Price Funeral Service, their employees and owners, harmless from any liability, cost or expense in connection with the cremation process as authorized herein.



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4. I understand that this document does not contain a complete and detailed description of every aspect of the cremation process.
5. In the event the cremated remains of the above name decedent remain unclaimed for a period of 90 days (WAC Chapter 307-47-30), Linde Price Funeral Service shall give written notice to me/us or the designated person(s) named. I agree that in the event the cremated remains of the deceased are unclaimed for a period of 60 days after the dated such notification is mailed, Linde Price Funeral Service 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, understand, and accept the cremation disclosure. _____ (Initial)

SIGNATURE OF PERSON AUTHORIZING CREMATION AND DISPOSITION

By executing this cremation authorization form, 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 above named decedent, and that the undersigned have read and understand the provisions contained within this form.

Signature: _____ Printed: _____ Date: _____

Phone number: _____

Address: _____

Witness Signature: _____ Printed: _____ Date: _____

Witness can be a friend or family member and does not need to be notarized