

AUTHORIZATION FOR CREMATION AND DISPOSITION

I/we, the undersigned, certify, warrant and represent that I/we have the full legal right and authority, and know of no living person who has a superior priority right under state law, to authorize the cremation and disposition of the remains of:

_____ (“Deceased”).

Date of Death _____ **Time of Death** _____

I/we hereby authorize **GRIFFITH-CLINE FUNERAL AND CREMATION SERVICES** (“Funeral Home”), to take possession of and make arrangements for the cremation of the remains of the Deceased at **GRIFFITH-CLINE CREMATORY** (“Crematory”).

Description of urn/urns selected: _____

DISPOSITION OF CREMAINS _____

***Funeral Home and Crematory are not responsible for any loss or damage of cremated remains shipped via Express Mail with the United States Postal Service.**

The cremation, processing, and disposition of the remains of the Deceased authorized herein shall be performed in accordance with all governing laws, rules, regulations and policies of the Crematory and Funeral Home and the following terms and conditions:

1. The remains of the Deceased will not be accepted for cremation unless received by the crematory in a combustible, leak resistant, rigid cremation container. The Crematory is authorized to remove and dispose of handles, ornaments, and any other noncombustible items attached to the cremation container prior to cremation. In the event the remains of the Deceased are received by the Crematory in a casket or other container constructed of metal, fiberglass, or other noncombustible materials, I/we authorize the remains of the Deceased to be removed prior to cremation and placed in a combustible cremation container. I/we further authorize the Funeral Home or Crematory to make disposition of any such noncombustible casket in any lawful manner it deems appropriate.
2. Mechanical or radioactive devices implanted in the remains of the Deceased may create a hazard when placed in the cremation chamber. The Crematory will not cremate any human remains which contain any type of implanted mechanical or radioactive device. In the event the remains of the Deceased contain such a device, I/we hereby authorize the Funeral Home, its agents, employees, to remove any such mechanical devices from the remains of the Deceased prior to cremation and dispose of such items at its discretion. **I/WE HEREBY CERTIFY THAT THE REMAINS OF THE DECEASED DO DO NOT CONTAIN ANY TYPE OF IMPLANTED MECHANICAL OR RADIOACTIVE DEVICE.**

Description of Device

Disposition of Device

3. Certain items, including, but not limited to, body prostheses, dentures, dental bridgework, dental fillings, jewelry, and other personal articles accompanying the remains of the deceased, may be destroyed during the cremation process. I/We further authorize that if any items other than the cremated remains of the Deceased are recovered from the cremation chamber, they may be separated from the cremated remains of the Deceased and disposed of by the Crematory.
4. I/We hereby authorize the Crematory to separate and remove from the cremation chamber all noncombustible materials, including, but not limited to, hinges, latches, nails, jewelry and precious metals, and to dispose of such materials.
5. Following cremation, the cremated remains of the Deceased, consisting primarily of bone fragments, will be mechanically pulverized to an unidentifiable consistency prior to placement in an urn or other container.
6. Unless an urn or container suitable for shipment is purchased, the Crematory will place the cremated remains of the Deceased in a container which is not designed for any type of shipment.
7. In the event the cremated remains of the Deceased remains unclaimed, the Funeral Home shall give written notice to me/us by certified mail at the address(es) indicated below. I/We agree that in the event the cremated remains of the Deceased remain unclaimed for a period of **120 days** after the date such written notification is mailed, the Funeral Home is authorized and directed to dispose of the unclaimed cremated remains of the Deceased in any lawful manner it may deem appropriate.
8. I/We agree to indemnify, release, and hold the Crematory, Funeral Home, their affiliates, agents, employees and assigns, harmless from any and all loss, damages, liability or causes of action (including attorney’s fees and expenses of litigation) in connection with the cremation and disposition of the cremated remains of the Deceased, as authorized herein, or my/our failure to correctly identify the remains of the Deceased, disclose the presence of any implanted mechanical or radioactive devices, or take possession of, or make permanent arrangements for, the disposition of such remains.

SIGNATURE OF PERSON(S) AUTHORIZING CREMATION AND DISPOSITION

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

Signature _____
Print Name _____ Relationship to Deceased _____

Address _____ Phone Number _____

Signature _____
Print Name _____ Relationship to Deceased _____

Address _____ Phone Number _____

WITNESS _____ DATE _____