

**AUTHORIZATION FOR CREMATION AND DISPOSITION**

THIS SPACE FOR CREMATION USE ONLY

Cremation # \_\_\_\_\_ Social Security Number \_\_\_\_\_ Cremation Date \_\_\_\_\_ D.O.B. \_\_\_\_\_

DECEASED'S NAME \_\_\_\_\_ (the "DECEASED")

Date and Time of Death \_\_\_\_\_ Place of Death \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

I hereby request and authorize \_\_\_\_\_ to take possession of and make arrangements for the

Cremation of the Deceased's remains at \_\_\_\_\_ "Crematory". To induce the Funeral Home and the Crematory to cremate, process, and dispose of the Deceased's remains. I, the undersigned, hereby certify, warrant, represent, and acknowledge (by initialing items 1-6 below) that:

1. \_\_\_\_\_ I have the full legal right and authority to authorize the cremation, processing and disposition of the Deceased's remains.
2. \_\_\_\_\_ I have read and understood the crematory requirements, procedures, and policies contained on the back side of this contract.
3. \_\_\_\_\_ I have personally identified the Deceased's remains and assume full responsibility for the identification of the Deceased's remains.
4. \_\_\_\_\_ I understand that if I wish to remove or retain any item from the Deceased's remains, I must do so directly or by authorized agent prior to the cremation process. Attach a signed Authorization and Release Personal Items form if items of value are with Deceased.
5. \_\_\_\_\_ I give permission for the funeral home or its duly authorized agent to remove and dispose of any pacemaker or other type of implanted mechanical or radioactive device.
6. \_\_\_\_\_ I understand that in the event the cremated remains have not been permanently picked up by me or my designated representative within 90 days from the date of the cremation, the Funeral Home is authorized and directed to dispose of the unclaimed remains as stated in GA Code 31-21-7 (on Back).

**DISCLOSURES**

Are there any special instructions? Yes \_\_\_\_\_ No \_\_\_\_\_

Mechanical devices implanted in the remains of the Deceased (such as pacemakers, etc.) 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 device. In the event the remains of the Deceased contains such device, I/we hereby authorize the Funeral Home, its agent and associates, 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 DEVICE.

Listed below are all implanted mechanical devices which the Funeral Home is authorized to remove from the remains of the Deceased prior to cremation and dispose of as indicated.

Description of Implanted Device	Device Disposition
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If no instructions for disposition is given, such as items may be disposed of at the discretion of the Funeral Home.

Certain radioactive devices implanted in the remains of the Deceased (such as Strontium 89, Cesium 131, etc.) will create a hazard when placed in the cremation chamber. The crematory will not cremate any human remains which contain any type of implanted radioactive device, until such device is identified by a medical professional and deemed safe to cremate.

I/WE HEREBY CERTIFY THAT ALL THE REMAINS OF THE DECEASED \_\_\_\_\_ DO \_\_\_\_\_ DO NOT CONTAIN ANY TYPE OF IMPLANTED RADIOACTIVE DEVICE.

Agent(s) Initials \_\_\_\_\_ Funeral Directors Initials ktm

Description of Implanted Device	Date of Implant	Health Care Provider

At the time of the Deceased's death did he/she have a disease that was infectious, communicable or dangerous to public health? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain. \_\_\_\_\_

Description of casket/cremation container selected CB

Description of urn/container selected TC

Suitable for shipping Yes \_\_\_\_\_ No \_\_\_\_\_

Note: In the event the urn or container is insufficient to accommodate all of the cremated remains of the deceased, any excess cremated human remains will be placed in a secondary container and returned to the Funeral Home, together with the primary urn or container.

**ORDER FOR DISPOSITION**

I authorize the Crematory to cremate and process the Deceased's remains and to return the cremated remains of the Deceased to the possession and custody of the Funeral Home. I understand that the services and obligations of the Crematory shall be fulfilled when the cremated remains of the Deceased are returned to the possession and custody of the Funeral Home. I hereby authorize the Funeral Home to arrange for the disposition of the cremated remains of the Deceased as follows:

- Deliver to \_\_\_\_\_ Cemetery
- Phone: \_\_\_\_\_ Address: \_\_\_\_\_
- Release to family member: \_\_\_\_\_
- Phone: \_\_\_\_\_ Address: \_\_\_\_\_
- Ship via U.S. Postal Service Registered Mail to: Name \_\_\_\_\_ Address \_\_\_\_\_
- Other \_\_\_\_\_

**SIGNATURE AND INDEMNITY**

(If the legal next of kin is not signing below, a written statement of explanation must be completed by the person signing below.) I declare under penalty of perjury that the foregoing information is true and correct and that I make this statement to induce the Funeral Home and Crematory to cremate or cause to be cremated the remains of the Deceased. I agree to hold harmless, indemnify and defend the Funeral Home and Crematory against any claims, liabilities, damages, cost or expenses, including attorney fees, which may result from this Authorization and Order, including without limitation claims that arise from or relate to shipping, identity, kinship, explodable or harmful implant, infectious disease or other persons claiming rights to control disposition of the Deceased's remains.

This document is executed at McNeill Funeral Home, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Relationship to Deceased \_\_\_\_\_

Address \_\_\_\_\_ Telephone No. \_\_\_\_\_

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Relationship to Deceased \_\_\_\_\_

Address \_\_\_\_\_ Telephone No. \_\_\_\_\_

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Relationship to Deceased \_\_\_\_\_

Address \_\_\_\_\_ Telephone No. \_\_\_\_\_

\_\_\_\_\_  
Signature of Funeral Director as witness for Signature(s) of Authorizing Agent(s)