



CREMATION AND DISPOSITION AUTHORIZATION

THIS IS ONLY AN AUTHORIZATION TO PROCEED WITH CREMATION.
A SEPARATE CONTRACT WILL BE REQUIRED TO PURCHASE THE
SERVICES OF THE FUNERAL HOME AND CREMATORY.

This Authorization Form must be completed and signed prior to the cremation. Please read it carefully and ask us any questions you may have. **Cremation is an irreversible and final process.** It is important that you understand the cremation process that is described on the reverse of this Authorization Form prior to signing it. We want you to fully understand the information provided in this authorization form so we will be pleased to answer any questions about the cremation process or the other information on this form.

IDENTIFICATION OF DECEASED

Name of Deceased: _____
Place of Death: _____
Date of Death: _____ Sex: M F
Age: _____ Date of Birth: _____
Method of Identification by Authorizing Agent: _____

NOTE: Kramer Funeral Home will always obtain thumbprints of the Deceased before cremation unless otherwise instructed.

FUNERAL HOME AND CREMATORY

The Authorizing Agent authorizes **KRAMER FUNERAL HOME** and the below named crematory to carry out the instructions of the Authorizing Agent contained in this authorization.

Name of Crematory: _____
City & State: _____

IDENTIFICATION OF AUTHORIZING AGENT

Name: _____
Address: _____
City/State: _____ Zip: _____
Telephone: _____
Relationship: _____

AUTHORITY OF AUTHORIZING AGENT

The undersigned Authorizing Agent(s) hereby certify that they are legal custodian(s) of the herein named Deceased, having full legal authority to authorize cremation, processing and disposition of the cremated remains of the Deceased, and hereby authorize **KRAMER FUNERAL HOME** to take possession of and make arrangements for the cremation, processing and disposition of the remains of:

The Authorizing Agent(s) represent and certify that the remains delivered for the cremation are those of the Deceased and the Authorizing Agent(s) further represent that they have the right to control the disposition of such remains.

PACEMAKERS, IMPLANTS AND PROSTHESES

The remains of the deceased **DO NOT** contain any of the devices described in on the reverse side.

The remains of the deceased **DO** contain one or more of the devices described on the reverse side and the Authorizing Agent instructs the funeral home and/or crematory to remove and dispose of such devices at their discretion.

Description of Devices: _____

WITNESSES TO THE CREMATION

SEE DISCLOSURE ON REVERSE

No Witnesses; cremation may be scheduled at the convenience of the crematory and funeral home.

Witnesses wishing to be present:

DATE/TIME SCHEDULED: _____

THE CREMATION PROCESS & AUTHORITY TO CREMATE

As Authorizing Agent, I have read and understand the description of the cremation process contained on the reverse side and authorize the cremation of the remains of the Deceased. I further authorize **KRAMER FUNERAL HOME** to deliver the Deceased to the crematory for the purpose of cremation.

SELECTIONS FOR CASKET OR ALTERNATIVE CONTAINER / URN OR TEMPORARY CONTAINER

Review disclosures on reverse regarding the federal and state requirements for merchandise selections.

Description of Casket or Alternative Container: _____

Description of Urn or Temporary Container: _____

INSTRUCTIONS FOR FINAL DISPOSITION

The funeral home is hereby instructed to complete disposition of the cremated remains as follows:

- Deliver to _____ Cemetery which with arrangements have already been made.
- Deliver or Release to Authorizing Agent.
- Other Disposition described below: _____

PERSONAL PROPERTY

All personal property and effects delivered with the remains of the deceased to the crematory, including jewelry, clothing, hair pieces, dental bridge work, eyeglasses, and shoes, will be destroyed in the cremation process, and the remnants thereof after the cremation will be disposed of by the crematory, at their sole discretion. **The Authorizing Agent(s) certify an inventory of personal property has been given to them by the funeral home and instructions as to disposition of such personal property has been made.**

CERTIFICATION AND INDEMNIFICATION

The Authorizing Agent acknowledges that that **KRAMER FUNERAL HOME** and the crematory are relying upon the representations being made by the Authorizing Agent in this authorization. The Authorizing Agent agrees to indemnify and hold harmless **KRAMER FUNERAL HOME** and the crematory, their officers, directors, employees and agents from any and all claims, demands, actions, causes of action or suits of any kind or nature whatsoever, including, but not limited to, any legal fees arising out of, or resulting from the reliance on, or performance consistent with, the directions, statements, representations and agreements contained in this authorization.

Executed at _____ this _____
day of _____, 20 _____.

Signature of Authorizing Agent

Additional Signatures & Relationships: _____

For **KRAMER FUNERAL HOME:** _____