Amy Stittsworth Funeral Service and Cremation Directors 2420 N. Washington Enid, Oklahoma 73701 580-233-9500

Authorization to Cremate

Notice, this is a legal document containing provisions concerning cremation which is an incarefully before signing. You should consult an attorney if there is anything in this doc	ument which you do not fully understand. I/We, the
undersigned, certify, warrant, and represent that I/we have full legal right and authority guardians, or conservators to authorize the cremation, processing and disposition of the rem	to and permission from any and all other relatives, ains of (hereafter referred to as
the "deceased", further no one else has this authority.	
I/We further understand that the Crematory has no duty to determine the next of kin and that	I am representing myself as that person or party. I/We
hereby request and authorize Amy Stittsworth Funeral Service and Cremation Service (Hopossession of and make arrangements for the cremation of the remains of the deceased at	Alpha & Omega Mortuary (Herein referred to as the
"Crematory"). I/We authorize the Crematory to return the cremated remains of the deceased	to the possession and custody of the Funeral Home or
other designated party. I/We understand that the services and obligations of the Cremator	y shall be fulfilled when the cremated remains of the
deceased are returned to the possession and custody of the Funeral Home, postal service disposition of the cremated remains by the Crematory as follows: (Please check one)	e or other designated person/company. I/we request
() Deliver to the Residence	
() Mail remains via registered mail to:	
() Deliver to: The undersigned hereby authorizes the delivery of cremated remains via registered mail and	agrees to assume all liability for any damages that may
arise from any cause growing out of said delivery and to indemnify and hold the Crematory	and Funeral Home harmless from any and all claims
related to said shipment.	
1. The crematory is authorized to remove and dispose of any handles, ornaments, and any	other non-combustible items attached to the cremation
container or the deceased prior to cremation. In the event the reamins of the deceased are rec necessary. I/We authorize the remains of the deceased to be removed prior to cremation, I/W	le further authorize the Funeral Home or Crematory to
make disposition of any such container in a lawful manner it deems appropriate.	
2. Mechanical or radioactive devices implanted in the remains of the deceased (such as pac	emakers, etc.) may create a hazard when placed into a
cremation chamber. The Crematory will not cremate any remains which contain any type o	f implanted device of which is aware. In the event the
remains do contain such a device, I/We hereby authorize the removal and appropriate dispos of the deceased DO DO NOT (circle one) contain any type of implanted mechanical or	radioactive device. The remains contain the following
mechanical or radioactive device:	
3. The deceased will be placed into the cremation chamber and will be totally and irreversib	ly destroyed by prolonged expusure to intense heat and
direct flame. I/We authorize the Crematory to open the cremation chamber during the deceased in order to facilitate a complete and thorough cremation.	cremation process ,and reposition the remains of the
4 Certain items, including, but not limited to, body prostheses, dentures, dental bridgewo	ork, dental fillings, jewelry and other personal articles
accompanying the remains of the deceased, may be destroyed during the cremation process	Those items still remaining with the deceased that I
wish to be removed prior to cremation are as follows:	
I/We further authorize that if any items, other than the cremated remains of the deceased at	re recovered from the chamber, they may be seperated
from the cremated remains of the deceased and disposed by the Crematory. NOTE: All	jewelry should be removed from the deceased prior to
competing this form. 5. Following the cremation, the remains of the deceased, consisting mainly of bone fragments.	ents, will be mechanically pulverized to an unidentified
consistency prior to placement in an urn or other container. In the event the urn or container is insufficient to accommodate all of the remains of the	
deceased, any excess cremated remains will be placed in a secondary container and returned to the funeral home or other location designate above,	
together with the primary urn or container. 6. I/We understand and acknowledge, that even with the exercise of reasonable care and the use of the Crematory's best efforts, it is not possible to	
recover all particles of the cremated remains of the deceased, and that some particles may in	advertently become commingled with particles of other
cremated remains remaining in the cremation chamber and/or other devices utilized to process the cremated remains.	
7. In the event the cremated remains of the deceased remain unclaimed for a period of 6 m	onths, the Funeral Home or Crematory shall then have
the authority to make the lawful disposition of their choice, and shall be held harmless for an 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 property, or take possession of or make	
permanent arrangements for the disposition of such remains.	ada ha tha Fananal Harra Commeters on any of their
 Except as set forth in this authorization, no warranties, expressed or implied, are m respective affiliates, agents or employees. 	ade by the runeral riome, Clematory of any of their
10. I/We understand this document does not contain a complete and detailed description of	of every aspect of the cremation process. Signature of
persons authorizing the cremation of the deceased. I/We warrant that all representations and statements made herein are true and correct, and that	
I/We have read and understand the provisions contained in this document.	
Signature(Print Name) (Relati	onship)
(Street) (City) (State) (Zip Code) (Phone Number	(1)
	er e
Witness: (Street) (City) (State) (Zip code) (Phone Numb	er)
(Street) (City) (State) (Zip code) (Phone Numb	01)