



AUTHORIZATION FOR DISPOSITION BY CREMATION

The undersigned hereby request and authorize **AVALON** Crematory in accordance with all governing laws, rules, regulations and policies of the crematory, funeral home and state of Colorado to cremate the remains of:

Deceased: _____ Sex: _____ Race: _____ Age: _____

Address: _____ Marital Status: _____

Date of Birth: _____ Place of Birth: _____

Date of Death: _____ Place of Death: _____

Cause of Death: _____

Personal Effects: _____

Disposition of Cremated Remains: _____

The undersigned represents, certifies and warrants under penalty of perjury, and understands the following:

That cremation is irreversible and final. This document does not contain a complete and detailed description of every aspect of the cremation process.

That I/We have the full legal right and authority to authorize and direct the cremation and processing of the above named remains, and disposition of the cremated remains. I/We further agree to indemnify, release and hold the crematory and funeral home, their officers, agents and employees harmless from any and all liability, damages, or loss whatsoever, costs, expenses, or claims it or they may suffer or incur, in connection with or resulting from this authorization, and performance of such service.

That the remains will be delivered back in suitable container. If the family or authorized agent fails to claim/pick up the cremated remains within one year from above cremation date from the crematory or funeral home, the undersigned hereby gives permission and authorization to the crematory and funeral home, to dispose of the cremated remains in a manner deemed appropriate. The crematory/funeral home assumes no responsibility for the remains after delivery to any agent or person.

That if the undersigned authorizes the crematory/funeral home to deliver the cremated remains via Registered U.S. Mail, and/or commercial/common carriers, I/We do hereby agree to assume all liability for any damages that may arise from any cause growing out of said delivery, and to indemnify and hold harmless the crematory, funeral home, its officers, agents and employees from any and all claims related to said shipment. The mailing/ shipping fee will be charged to the family.

That I/We understand that due to the nature of the cremation process, any valuable material, including dental gold and silver, will either be destroyed or not be recoverable. Accordingly, **any personal possessions will either be removed, or may be destroyed.** All non-combustible materials and any items, other than the cremated remains, that are recovered, will be separated and removed from the cremated remains, will not be returned, but will become property of, and be disposed of by crematory.

That the deceased _____ **HAS**, _____ **HAS NOT** had a heart pacemaker implanted, radiation producing implant device, or any other life sustaining implant device that could be explosive. If such a device exists, I/We hereby agree and authorize the crematory/funeral home, its officers, agents and employees to remove and dispose of any such devices from the remains, prior to cremation. I/We also understand that in the event of failure to notify the crematory/funeral home responsible for the removal of such a device, I/We will be liable for any damages to the crematory, and/or injury to crematory personnel.

That all equal next of kin must consent to this cremation order when there is no surviving spouse. IT IS RESPONSIBILITY OF THE FAMILY, NOT THE CREMATORY OR MORTUARY, TO MAKE SURE ALL REQUIRED SIGNATURES ARE PROVIDED.

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 _____ Relationship _____ Date _____

Address _____ Phone Number _____

Signature _____ Print Name _____ Relationship _____ Date _____

Address _____ Phone Number _____

Funeral Director or Witness _____ Date _____