

WINDSOR HEALDSBURG CREMATORY CR 383

9660 Old Redwood Highway, Windsor, CA 95492 (707) 838-6000, (707) 838-7000 fax

CREMATION AUTHORIZATION --- AUTHORITY TO RELEASE

The undersigned authorizes WINDSOR HEALDSBURG CREMATORY, in accordance with and subject to its rules and regulations, to cremate the remains of _____,

who died at _____ on _____, and to initiate or effect the disposition requested and initialed below, and agrees to be responsible for and pay all the charges incurred with respect to this authorization, and indemnify and hold harmless the Crematory and Funeral Director, their officers and employees from any liability, costs, expenses, or claims resulting from this authorization.

- I further state the death _____ was/_____ was not due to infectious or contagious disease. I understand that if I do not notify the Crematory about a death by infectious disease, that I will be liable for any damage to the Crematory or injury to the Crematory personnel.
- It is further requested that the following disposition be made of the cremated remains:

INITIAL ONE PLEASE:

_____ Return cremated remains to Funeral Director.

_____ Return cremated remains to Family.

_____ Deliver cremated remains to _____ Cemetery located in _____ (City).

_____ Ship to _____.

The undersigned authorizes Crematory to deliver the 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 harmless the Crematory and the Funeral Director from any and all claims related to said shipment.

_____ Scatter at sea by _____ boat, _____ plane, by _____ off the coast of _____ County, California

- I hereby certify that I am related to the deceased as _____, and I have the right to authorize this cremation and the disposition of the cremated remains and that no conflict or contest exists with any other person claiming to have the same rights over this cremation or the designated disposition of cremated remains.
- I understand that the human body burns with casket, container, or other material in the cremation chamber. Some bone fragments are not combustible at the incineration temperature and as a result, remain in the cremation chamber. During the cremation, the contents of the chamber may be moved to facilitate incineration. The chamber is composed of ceramic or other material which disintegrates slightly during each cremation, and the product of that disintegration is commingled with the cremated remains. Nearly all the contents of the cremation chamber, consisting of the cremated remains, disintegrated chamber material and small amounts of residue from previous cremations are removed together and crushed, pulverized, or ground to facilitate inurnment or scattering. Some residue remains in the cracks and uneven places of the chamber. Periodically, the accumulation of this residue is removed and interred in a dedicated cemetery property or scattered at sea.(Section 7054 of the California H&S Code).

- If the container, or any portion thereof, in which the decedent is received does not fulfill crematory and/or state regulations, the crematory may require the remains to be moved to a body fluid retentive container suitable for cremation. Windsor Healdsburg Crematory will not cremate remains in any metal, plastic or fiberglass container.
- I understand that due to the nature of the cremation process, any valuable materials, including jewelry or dental filling material will be destroyed and unrecoverable. Any personal possessions accordingly have either been removed or will be destroyed. I understand that if it is my intention to save any items, it is my responsibility to remove them prior to the cremation process.
- I further state that the deceased _____ **HAS/** _____ **HAS NOT** had a heart pacemaker implanted, radiation producing implant device nor any other life sustaining device that could be explosive. If such a device exists, I have instructed the Funeral Director or others to remove it before cremation. I also agree that in the event of my failure to notify the Funeral Director, I will be liable for any damages to the Crematory or its personnel that it may cause.
- In the event the urn I have selected does not have the capacity to hold the total amount of cremated remains, the crematory has my permission to place remainder in a larger temporary container at no additional cost, or place the excess cremated remains in a secondary container and attached to primary container.
- I authorize Windsor Healdsburg Crematory to discard any metal used in the construction of the casket or container, nails, staples, or other metal prosthetics that remain at the end of the cremation.
- It is further noted that WINDSOR HEALDSBURG CREMATORY & MORTUARY may legally dispose of cremated remains if not picked up by undersigned within 90 days of cremation per Health & Safety Code 7112 and 8341.
- I understand that if this form is not signed in front of a mortuary employee or person acting as such, I MUST have my signature on this form notarized.

I/we declare the foregoing is both true and correct, and I/we Make these statements to Windsor Healdsburg Crematory to cremate, or cause to be cremated, the abovenamed decedent. This is your authority to make disposition of the remains as indicated above and I/we assume full responsibility for their identity, whether or not I/we viewed the decedent's remains prior to cremation.

SIGNED _____ RELATIONSHIP _____

ADDRESS _____

PHONE _____ WITNESSED BY (WHM Employee): _____

***THE SIGNATURE ON THIS FORM MUST BE WITNESSED BY WHM EMPLOYEE OR A NOTARY PUBLIC**

Cremation at convenience of WINDSOR HEALDSBURG CREMATORY? YES NO

Scheduled Cremation (w/o family present)? YES NO If YES, date/time: _____

Witness Cremation? YES NO Family present to witness? YES NO

Date/Time of Witness Cremation: _____

COPY OF DPOAHC ON FILE (IF APPLICABLE): YES NO N/A If YES, received by: _____

FUNERAL DIRECTOR: WINDSOR HEALDSBURG MORTUARY (FD 1925)

CREMATORY NUMBER: CR 383 CREMATION I.D. NUMBER: _____ *revised 01/20/2017*