COA #691
CR #457

Contract No. _____

# *Roosevelt Memorial Park Cemetery and Crematory*

18255 S. Vermont Ave. Gardena, CA. 90248
P.O. Box 19, Gardena, CA. 90247

Booking Ref No. _____
Cremation Date: _____
Cremation # _____

## CREMATION AUTHORIZATION FORM

No cremation or interment shall take place until a written authority, along with a completed Application and Permit for Disposition of Human Remains signed by the Authorized Representative(s) of the deceased, has been given to the Cemetery Authority. (Section 10375 and 7100, Health and Safety Code.)

I (We), the undersigned (the "Authorizing Agent(s)"), hereby authorize and request Roosevelt Memorial Park Cemetery, in accordance with and subject to its Rules and Regulations, and any applicable state or local laws or regulations, to cremate and process the human remains of _____ (the "decedent") and to arrange for the final disposition of the cremated remains as set forth on this form.

★ *Initial* _____

I (We) have identified the human remains that were delivered to the funeral home as the decedent and have authorized the funeral home to deliver the decedent to Roosevelt Memorial Park Cemetery for cremation.

★ *Initial* _____

I (We) have read the attached document entitled "Roosevelt Memorial Park Cemetery Cremation Policies, Procedures and Requirements" and hereby authorize Roosevelt Memorial Park Cemetery to perform the cremation of the decedent in accordance with that document.

★ *Initial* _____

## IDENTIFICATION

Date of Death: _____ Place of Death: _____ Age: _____ Decedents Gender: _____

Did the decedent die of natural causes? Yes☐ or No☐

If no, please explain: _____

Did an infectious or contagious disease cause death? Yes☐ or No☐

If yes, please explain: _____

## PRE-NEED CREMATION ARRANGEMENTS

Did the decedent arrange for his or her cremation on a pre-need basis? Yes☐ or No☐

Did the decedent leave a will with written instructions to be cremated? Yes☐ or No☐

Did the decedent execute a pre-need cremation contract? Yes☐ or No☐

Did the decedent execute a pre-need cremation authorization form? Yes☐ or No☐

Did the decedent leave oral instructions to be cremated? Yes☐ or No☐

If yes, with whom? _____

Did the decedent arrange for the final disposition of the cremated remains? Yes☐ or No☐

If yes, describe: _____

## TIME OF CREMATION

Roosevelt Memorial Park Cemetery is authorized to perform the cremation upon receipt of the human remains, at its discretion, and according to its own time schedule, as work permits, without obtaining any further authorization or instructions.

★ *Initial* _____

If no, please explain and complete the next line

_____

The cremation shall take place on: _____ (day), _____(date), at _____ (time).

★ *Initial* _____

## PACEMAKERS, PROSTHESES, SILICONE, AND RADIOACTIVE IMPLANTS

Did the decedent's remains contain silicone implants? Yes☐ or No☐

*Please initial one of the following two paragraphs.*

1. The decedent's remains do not contain a pacemaker, radioactive or silicone implant or any other device that could be harmful to the crematory. They are safe to cremate.

★ *Initial* _____

2. The following list contains all existing devices (including all mechanical, radioactive, or silicone implants and prosthetic devices) which are implanted in or attached to the decedent, that should be removed prior to cremation: _____

I have instructed the funeral home to remove or arrange for the removal of these devices and to properly dispose of them prior to transporting the decedent to Roosevelt Memorial Park Cemetery.

★ *Initial* _____

***All pacemakers and radioactive implants MUST be removed prior to delivering the decedent to*** Roosevelt Memorial ***Park Cemetery.***

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## MERCHANDISE

Type of casket or container selected: _____

Size and type of urn or container selected: _____

## FINAL DISPOSITION

After the cremation has taken place, the cremated remains have been processed. The processed cremated remains will be placed in the designated receptacle. Roosevelt Memorial Park Cemetery will arrange for the disposition of the cremated remains as follows, and the Authorizing Agent(s) hereby authorize(s) Roosevelt Memorial Park Cemetery to release, deliver, transport, or ship the cremated remains as specified.

**FOR OFFICE USE ONLY**

| RETURN TO TYPE | CONTAINER TYPE | COLLECTION DATE | COLLECTOR TYPE | CONTAINER NUMBER | COLLECTOR NAME | COLLLECTOR ADDRESS | STORAGE LOACTION | REMAINS RELEASED | RETURNED DATE | RETURNED TO | NOTES |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | |

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## AUTHORITY OF AUTHORIZING AGENT

I(we) hereby certify that the decedent left the following surviving heirs at law:

Power of Attorney for Health Care /Advance Health Care Director: Yes ☐ or No ☐ Name: _____

Spouse: Yes ☐ or No ☐ Name: _____

Children: Yes ☐ or No ☐ How many Living Children: _____ Name(s): _____

Name(s): _____

Name(s): _____

Name(s): _____

Name(s): _____

Name(s): _____

Name(s): _____

Name(s): _____

Name(s): _____

Name(s): _____

Parents: Yes ☐ or No ☐ Name(s) _____Name(s) _____

Siblings: Yes ☐ or No ☐ How many? _____ Name(s) _____

Name(s) _____

Name(s) _____

Name(s) _____

Name(s) _____

Name(s) _____

If all responses are NO, the person(s) in the next degree of kinship to the decedent is/are:

Name(s) _____Relationship:_____

Name(s) _____Relationship:_____

If the legal next of kin or if all persons of the same degree of kinship are not signing below, a written explanation must be completed by the person(s) signing as Authorizing Agent(s). Separate authorization(s), if necessary, shall be attached to and considered part of this form.

Therefore, I(we), the undersigned, hereby certify that I am the closest living next of kin of the decedent and that I am related to the decedent as his/her relationship _____or that I otherwise serve or have served in the capacity of _____ to the decedent, that I have charge of the remains of the decedent and as such, possess full legal authority and power, according to the laws of the state of California, to execute the authorization form and to arrange for the cremation and disposition of the cremated remains of the decedent. In addition, I am aware of no objection to the cremation by any spouse, child, parent, or sibling specified.

## LIMITATION OF LIABILITY

As the Authorizing Agent(s), I(we) hereby agree to indemnify, defend and hold harmless Roosevelt Memorial Park Cemetery, its Officers, agents and employees, of and from any and all claims and demands, cause or causes of action, and suits of every kind, nature and description, in law or equity, including ang legal fees, costs and expenses of litigation, arising as a result of, based upon or connected with this authorization, including the failure to properly identify the decedent or the human remains transmitted to Roosevelt Memorial Park Cemetery, the processing, shipping and final disposition of the decedent's cremated remains, the failure to take possession of or make proper arrangements for the final disposition of the decedent's cremated remains, any damages due to harmful or exploitable implants, claims brought by any other person(s) claiming the right to control the disposition of the decedent or the decedent's cremated remains, or any other action performed by Roosevelt Memorial Park Cemetery, its Officers, agents or employee, pursuant to this authorization, excepting only acts of wilful negligence.

☐★ *Initial* _____

## SIGNATURE OF AUTHORIZING AGENT

***THIS IS A LEGAL DOCUMENT. IT CONTAINS IMPORTANT PROVISIONS CONCERNING CREMATION. CREMATION IS AN IRREVERSIBLE AND FINAL. READ THIS DOCUMENT CAREFULLY BEFORE SIGNING.***

Executed at_____, this date: _____

Name: _____ Relationship to Decedent: _____ Phone: _____ Address: _____
Signature:☒_____

Name: _____ Relationship to Decedent: _____ Phone: _____ Address: _____
Signature:_____

Name: _____ Relationship to Decedent: _____ Phone: _____ Address: _____
Signature:_____

Name: _____ Relationship to Decedent: _____ Phone: _____ Address: _____
Signature:_____

Name: _____ Relationship to Decedent: _____ Phone: _____ Address: _____
Signature:_____

Name: _____ Relationship to Decedent: _____ Phone: _____ Address: _____
Signature:_____

Name: _____ Relationship to Decedent: _____ Phone: _____ Address: _____
Signature:_____

Name: _____ Relationship to Decedent: _____ Phone: _____ Address: _____
Signature:_____

(Can require Notary Seal)

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## CREMATION POLICY, PROCEDURE AND REQUIREMENTS

The cremation, processing, and disposition of the remains of the deceased shall be performed in accordance with all governing laws, rules, and regulations and the policies, procedures, and requirements of Roosevelt Memorial Park Cemetery.

This document describes many of Roosevelt Memorial Park Cemetery's policies, procedures, and requirements and is incorporated into our Cremation Authorization Form. We suggest you read this document carefully before executing the Cremation Authorization Form.

## Roosevelt Memorial PARK CEMETERY'S REQUIREMENTS FOR CREMATION

1) Any scheduled ceremonies or viewings have been completed
2) Civil and medical authorities have issued all required permits
3) All necessary authorizations have been obtained, and no objections have been raised.

## CASKETS/CONTAINERS

Roosevelt Memorial Park Cemetery requires either a casket or an alternative cremation container for cremation. All caskets and alternative containers must meet the following standards: 1-Be composed of materials suitable for cremation; 2-Be able to be closed to provide a complete covering for human remains; 3-Be resistant to leakage or spillage; 4-Be sufficient for handling with ease; 5-Be able to protect the health and safety of the crematory personnel; 6-Be labelled with the identity of the deceased. (Health and Safety Code 8345.5) The crematory will accept for cremation only those caskets or containers that meet the definition of a cremation container (see page 3) as defined in Health and Safety Code 7006.5. (Metal caskets are not acceptable.)

Many caskets that are comprised primarily of combustible material also contain exterior parts, eg., decorative handles or rails, that are not combustible and that may cause damage to the cremation equipment. Roosevelt Memorial Park Cemetery, at its sole discretion, reserves the right to remove the non-combustible material prior to cremation and to discard it with similar materials from other cremations and other refuse in a non-recoverable manner.

## PACEMAKERS PROSTHESES AND RADIOACTIVE DEVICES

Pacemakers and prostheses, as well as any other mechanical or radioactive devices or silicone or other implants in the decedent, may create a hazardous condition when placed in the cremation chamber. It is imperative that these devices or implants be removed prior to cremation. if the funeral home is not notified about such devices or implants, and is not instructed to remove them, than the person(s) authorizing the cremation will be responsible for any damages caused to Roosevelt Memorial Park Crematory or personnel by said devices or implants.

## THE CREMATION PROCESS

All cremations are performed individually. Exceptions are only made in the case of close relatives, and then, only with the prior written instructions of the Authorizing Agent(s). (Health and Safety Code 7054.7(a)(1).)

Cremation is performed by placing the deceased in a casket or other container and then placing the casket or other container into a cremation chamber or retort, where they are subjected to intense heat and flame. During the cremation process, it may be necessary to open the cremation chamber and reposition the deceased in order to facilitate a complete and thorough cremation. Through the use of a suitable fuel, incineration of the container and its contents is accomplished, and all substances are consumed or driven off, except bone fragments (calcium compounds) and metal (including dental gold and silver and other non-human material) as the temperature is not sufficient to consume them. 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.

Due to the nature of the cremation process, arrangements should be made with the funeral home to remove any personal possessions or valuable materials, such as dental gold or jewellery, eyeglasses or mementos (as well as any body prostheses or dental bridgework) prior to the time the decedent is transported to Roosevelt Memorial Park Crematory. If not removed, jewellery or mementos may be destroyed during the cremation process and may not be recoverable. Any material which is recovered should be placed in the cremated remains container, unless otherwise directed by the person(s) having the right to control the disposition. (Health and Safety Code 7051.)

Following a cooling period, the cremated remains, which generally weigh several pounds in the case of an average-sized adult, are then swept or raked from the cremation chamber. Roosevelt Memorial Park Cemetery makes a reasonable effort to remove all of the cremated remains from the cremation chamber. In addition, while every effort will be made to avoid commingling, some residue remains in the cracks and uneven places of the chamber, and inadvertent or incidental commingling of minute particles of cremated remains from previous cremations is a possibility.

After the cremated remains are removed from the cremation chamber, all non- combustible materials (in so far as possible), such as base metal, material bridgework, material from caskets such as hinges, nails, etc. will be separated and removed from the human bone fragments by visible or magnetic selection and will be disposed of by Roosevelt Memorial Park Cemetery with similar materials from other cremations in a non-recoverable manner.

## ACKNOWLEDGEMENT

The undersigned states that he she/they is (are) the persons entitled to control the disposition of the cremated remains of _____, the deceased pursuant to Health and Safety Code 7100; and as such, I (we) acknowledge having been informed of, have read and understand the following statement: "The human body burns with the 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 of the contents of the cremation chamber, consisting of the cremated remains, disintegrated chamber material and small amounts of residue from previous cremations, are removed and crushed, pulverized or ground to facilitate inurnment or scattering. Some residue remains in the cracks on uneven places of the chamber. Periodically, the accumulation of this residue is removed and interred in a dedicated at cemetery property or scattered at sea." (Health & Safety Code 7054.7)

**IN WITNESS WHEREOF,** I/we have set my/our hand(s) this date: _____

_____ Name

_____ Address

_____ Relationship to Deceased

_____ Name

_____ Address

_____ Relationship to Deceased

_____ Name

_____ Address

Relationship to Deceased

_____ _____
Name Address

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Relationship to Deceased