

## Cremation Authorization & Disposition Form

The State Missouri or Kansas requires that this Authorization Form be completed and signed prior to the cremation Process. Cremation is an irreversible and final process. It is important that you fully understand the information provided in this Authorization Form. Please feel free to ask for clarification if needed. We will be pleased to answer any questions about the cremation process or the information contained in this form.

### IDENTIFICATION OF THE DECEDENT

\_\_\_\_\_  
Name of Decedent \_\_\_\_\_ Age  Male  Female \_\_\_\_\_ Social Security #

\_\_\_\_\_  
Date of Birth \_\_\_\_\_ Date of Death \_\_\_\_\_ County and State of Death

**AUTHORIZING AGENT** As Authorizing Agent, I represent that I have the right to authorize the cremation of the Decedent's remains by initialing below.

\_\_\_\_\_  
Your Full Legal Name \_\_\_\_\_ Relationship

\_\_\_\_\_  
Address (include city, state and zip code) \_\_\_\_\_ Telephone #

### *Authorizing Agent Must Initial One Of The Following Statements*

**Initial One**

\_\_\_\_\_ **As Authorizing Agent**, I certify that I do not have actual knowledge of the existence of any living person who has a superior right to act as the Authorizing Agent.

\_\_\_\_\_ **As Authorizing Agent**, I am aware of a living person or person who have a superior or equal priority right to act as Authorizing Agent. I have made reasonable efforts to contact such person(s) and have been unable to do so. I have no reason to believe that the person(s) with superior or equal priority right would object to the cremation of the Decedent.

**Witnesses:** Witnessing a cremation can be an emotional experience. Witnesses are assuming the risks involved and fully release Metropolitan Cremation Services and the designated funeral home from any liability. To the extent permitted by the Crematory, the persons listed below are authorized to be present in the Cremation Area prior to and/or during the cremation process and/or removal of the cremated remains from the cremation chamber.

No witnesses will be present  The following witnesses will be present: \_\_\_\_\_

**PERSONAL PROPERTY:** All personal property and effects (including all jewelry, clothes, hair pieces, dental bridgework, eye glasses, shoes, etc.) delivered to the crematory, with the decedent, will be destroyed in the cremation process; unless **specific instructions (as noted below) are given to a Metropolitan Cremation Services company representative at the time of delivery.**

**Special Instructions for the removal of personal property and effects are as follows:** \_\_\_\_\_

**FINAL DISPOSITION:** As the Authorizing Agent in charge, I designate the disposition of all cremated remains of the decedent to:

\_\_\_\_\_ 1. Release the cremated remains to: \_\_\_\_\_  
(the designated funeral home on record)

\_\_\_\_\_ 2. Release the cremated remains to the fore mentioned person (**identification must be present at the time of receipt**):  
**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

\_\_\_\_\_ 3. Ship cremated remains to (a record of receipt is required): **Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
**City, State, Zip:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

\_\_\_\_\_ 4. Inurnment of cremated remains at: \_\_\_\_\_ . As Authorizing Agent, I understand it is responsibility to make arrangements with the cemetery above.

My initials to the following statements reflect that I have read, am fully aware of, and agree to the disposition of unclaimed cremated remains.

Initial Here

As Authorizing Agent, I understand that if, after a period of sixty (60) days after the date of cremation, I or my representative have not directed or otherwise arranged for the final disposition of the cremated remains or claimed the cremated remains for final disposition, Metropolitan Cremation Services, or my designated funeral home in possession of the cremated remains, may dispose of the cremated remains after making a reasonable attempt to contact me or my representative. I further agree to pay Metropolitan Cremation Services or designated funeral home, \$250.00 for the proper disposal of the cremated remains at their discretion. I also understand that final disposition of "unclaimed remains" may include commingling with other cremated remains, and that thereafter the cremated remains of the decedent shall not be recoverable.

\_\_\_\_\_ (Initials of Authorizing Agent)

**CREMATION CONTAINER TYPE**  Alternative  Alternative-Viewing  Composite  Hardboard  Wood Casket

*Metropolitan Cremation Services reserves the right to remove and discard any and all container handles prior to the start of cremation process*

**FUNERAL HOME AND AUTHORIZING AGENT:** The Authorizing Agent authorizes the below mentioned funeral home to act as it's agent in directing instructions to Metropolitan Cremation Services:

**Muehlebach Funeral Home, 6800 Troost Ave, Kansas City, MO 64131**

\_\_\_\_\_  
Funeral Director in Charge

**CAUSE OF DEATH:** Death  Did  Did not occur from a disease declared by the Missouri Department of Health and Human Services to be infectious, contagious, communicable, or dangerous to the public health.

Initial Here

**PACEMAKERS, IMPLANTS AND PROSTHESES:** The remains of the decedent  Do  Do Not contain pacemakers, radioactive, silicon, or other implants, mechanical devices or prostheses that may create a hazardous condition when placed in the cremation chamber and subjected to heat.

\_\_\_\_\_ I understand that I will be liable for any damages to the crematory or injury to the Crematory personnel. If such devices exist, I instruct the Funeral Home to remove the following device(s):  
\_\_\_\_\_

**CERTIFICATION AND INDEMNIFICATION:** The Authorizing Agent acknowledges that Metropolitan Cremation Services is relying upon directives received from the designated funeral home for the cremation of and disposition of the above mentioned decedent. The Authorizing Agent certifies that all of the information and statement contained in the Authorization are accurate and no omissions of any material fact have been made. The Authorizing Agent agrees to indemnify and hold harmless Metropolitan Cremation Services, the 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 crematory's and the funeral home's reliance on or performance consistent with the directions, statement, representations and agreements contained in the Authorization.

**Signature of Authorizing Agent:** \_\_\_\_\_ **Relationship** \_\_\_\_\_ **Date:** \_\_\_\_\_

Sign Here

**Signature of Witness(es) w/ Relationship:** \_\_\_\_\_  
\_\_\_\_\_

**Signature of Funeral Director in Charge:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Receipt of Cremains**

In accordance to the State of Missouri laws and regulations this urn contains the cremated remains of the above mentioned decedent. My signature certifies that all of the above information I have given today is accurate. I understand that as the decedent's Authorizing Agent or the fore mentioned person in the above FINAL DISPOSITION SECTION ITEM 2, I also agree to indemnify and hold harmless Metropolitan Cremation Services or my designated funeral home, 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 crematory's and the funeral home's reliance on or performance consistent with the directors, statements, representations and agreements contained in this authorization.

Signature of Authorizing Agent: \_\_\_\_\_ ID# \_\_\_\_\_

Print Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Signature of Company Rep.: \_\_\_\_\_ Date: \_\_\_\_\_