

## CLAIM OF AUTHORITY TO CARRY OUT A DISPOSITION UNDER GEORGIA LAW

1. **PARTIES:**

“FUNERAL HOME/CREMATORY”: BOSTON'S CREMATION SERVICES OF ATLANTA  
(Name of Funeral Home)

“NAME OF REPRESENTATIVE”: \_\_\_\_\_  
(Name of Representative)

“NAME OF DECEDENT”: \_\_\_\_\_  
(Name of Decedent)

2. **RELATIONSHIP OF REPRESENTATIVE:** Below is the list of priority for determining who holds the right to arrange the cremation and disposition under Georgia law. The REPRESENTATIVE warrants and represents to the Funeral Home/CREMATORY that the relationship between the REPRESENTATIVE and the DECEDENT is as follows:

**(Place your initials on the line next to the applicable statement):**

\_\_\_\_\_ The person who was appointed in an affidavit signed by the DECEDENT to arrange the funeral and disposition of the DECEDENT’S remains.

\_\_\_\_\_ The DECEDENT’S surviving spouse.

\_\_\_\_\_ The DECEDENT’S surviving child or children.

\_\_\_\_\_ The DECEDENT’S surviving parent or parents.

\_\_\_\_\_ The DECEDENT’S surviving sibling or siblings.

\_\_\_\_\_ The DECEDENT’S surviving grandparent or grandparents.

\_\_\_\_\_ The DECEDENT’S surviving grandchild or grandchildren.

\_\_\_\_\_ The lineal descendant of the DECEDENT’S under the laws of descent and distribution in Georgia.

\_\_\_\_\_ The DECEDENT’S personal guardian at the time of death.

\_\_\_\_\_ Any person willing to assume the right of disposition, including the personal representative of the estate or the licensed funeral director with custody of the body, after attesting in writing and good faith that they could not locate any of the persons in the above priority list.

\_\_\_\_\_ A public official or employee of the state or a political subdivision of the state that has the responsibility to carry out the disposition of the DECEDENT’S remains.

3. **AUTHORITY OF REPRESENTATIVE:** After examining the priority list in Section 2 above, the REPRESENTATIVE warrants and represents to the FUNERAL HOME/CREMATORY as follows:

**(Place your initials on the line next to the applicable statement):**

\_\_\_\_\_ The REPRESENTATIVE is the person who has the paramount right to arrange and direct the disposition of the remains of DECEDENT and no other person(s) has a superior or equal right to that of the REPRESENTATIVE.

\_\_\_\_\_ The REPRESENTATIVE is the person who, together with other person(s), holds the paramount right to arrange and direct the disposition of the remains of the DECEDENT. REPRESENTATIVE hereby certifies to the FUNERAL HOME/CREMATORY that such other person(s) either have been advised of the disposition plans and have not objected to them, or such other person(s) cannot be located by REPRESENTATIVE after a reasonable effort to locate them.

\_\_\_\_\_ The REPRESENTATIVE has been appointed by the person holding the right of disposition to act on his or her behalf in arranging the disposition of DECEDENT's remains.

\_\_\_\_\_ The REPRESENTATIVE is aware of other person(s) who hold a superior right to arrange and direct the disposition of the remains of the DECEDENT. REPRESENTATIVE hereby certifies to the FUNERAL HOME/CREMATORY that such other person(s) cannot be located by the REPRESENTATIVE after a reasonable effort to locate such person(s). The REPRESENTATIVE further certifies that the REPRESENTATIVE has no reason to believe such person(s) would oppose the proposed method of disposition of DECEDENT's remains.

4. **INDEMNIFICATION:** The REPRESENTATIVE acknowledges that the FUNERAL HOME/CREMATORY is relying upon the accuracy and truthfulness of the representations and warranties of REPRESENTATIVE made above. The REPRESENTATIVE agrees to indemnify and hold harmless the FUNERAL HOME/CREMATORY from any claims or causes of action arising or related in any respect to this claim of authority to carry out the disposition or the FUNERAL HOME/CREMATORY'S reliance thereon.

**DATE:**

**SIGNATURE OF REPRESENTATIVE**

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