



BOSTON'S CREMATION SERVICES OF ATLANTA

1259 COMMERCIAL DRIVE, SW

CONYERS, GA 30094

PHONE: 770-929-0339 FAX: 770-929-0334

EMAIL: INFO@CREMATIONSERVICESATLANTA.COM

AUTHORIZATION FOR CREMATION AND DISPOSITION

I/We, the undersigned, certify, warrant, and represent that I/we have the full legal right and authority to authorize the cremation and disposal of the remains of _____ (Full Name of Deceased)

who died on the _____ day of _____ 20_____ at _____ . Time of Death

Social Security Number: _____

Authorizing Agent(s): Print Name: _____ Signature: _____

BECAUSE CREMATION IS IRREVERSIBLE, IDENTIFICATION OF THE DECEDENT IS REQUIRED BY ONE OF THE FOLLOWING METHODS (**Initial which method below**):

____ (Initials) The Authorizing Agent(s) of the deceased, elect to waive the right to identify the decedent prior to the cremation process. (**If the Authorizing Agent(s) waives the right to Identify the Decedent's remains, the Funeral Home or Crematory representative will be responsible for confirming identity via Photograph, Identification Tag or other means of Identification:**

Identification Method _____

____ (Initials) The Authorizing Agent(s) has viewed the remains and positively identified them as the body of the Decedent. .

____ (Initials) The Authorizing Agent(s) has authorized the Funeral Home to photograph or create an image of the remains and the Authorizing Agent has positively identified the photography or image as that of the Decedent.

____ (Initials) The Authorizing Agent(s) Agent has identified the Decedent's remains by identifying on the remains or by photograph the following: () Scar, () Tatoo, () Other: _____

***** If the decedent has been referred to a Coroner, Medical Examiner, Georgia Bureau of Investigation or any other State/County office and cannot physically be viewed, the Funeral Home/Crematory representative will confirm identity through that State/County offices Identity confirming process and identification tag. ****

Name and Signature of Individual Confirming Identity of Decedent:

Print Name: _____ Signature: _____

By signing this form the Authorizing Agent(s) represent(s) the following:

a. The Authorizing Agent(s) hereby certify, warrant, and represent that I/We have the right to authorize the cremation of the decedent and the Authorizing Agent(s) is (are) not aware of any living person who has a superior right to that of the Authorizing Agent(s); or, if there is another living person who does have a superior right to that of the Authorizing Agent(s), the Authorizing Agent(s) represents (represent) that the Authorizing Agent(s) has (have) made all reasonable efforts to contact such person, has (have) been unable to do so, and has (have) no reason to believe that such person would object to the cremation of the decedent

b The Authorizing Agent(s) has (have) either disclosed the location of all living persons with an equal right to that of the Authorizing Agent(s), or does (do) not know the location of any other living person with an equal right to that of the Authorizing Agent(s).

Initial I/We hereby request and authorize BOSTON'S CREMATION SERVICES OF ATLANTA (hereinafter referred to
Name of Crematory
as "Crematory Licensee") located at 1259 Commercial Drive SW Conyers, Ga 30094 to take
possession of Decedent's human remains and cremate in accordance with and subject to: (a) the terms and conditions
set forth in this Authorization; (b) any applicable state or local laws, rules, and regulations; and (c) the rules and
regulations of said Funeral Provider and/or Crematory Licensee.

**I/We hereby authorize for the disposition of the cremated remains of the Decedent as follows
(complete 1 or 2 below as appropriate disposition):**

1. ____ Release the cremated remains to the following designated person:
Name: _____ Relationship: _____
2. ____ Delivery by crematory the cremated remains to the US Postal Service for shipment via
Registered, Return Receipt mail to
Name _____ Address _____
City/State/ZIP _____ (Attach Postal Receipt.)

Will a Funeral Ceremony be performed prior to the Cremation () Yes () No

Initial Does the Authorizing Agent(s) wish to witness the cremation (additional fee) () Yes () No

I/We, the Authorizing Agent(s), do hereby certify, warrant, and represent that I/we understand:

- A. **All** cremations are performed individually. Due to the nature of the cremation process, any valuable material will not be recoverable. In the event of such valuable items in which I/we wish to retain, it is my/our responsibility to remove them or have them removed **prior** to the cremation process. Body prostheses, dental bridgework, or dental fillings within the remains will either be destroyed or will not be recoverable. Accordingly, the Authorizing Agent(s) represent and warrant to the Crematory that such materials have been removed from the remains or if not, that they may be removed from the remains and disposed of by the Crematory or may be destroyed by the cremation process.
- B. Following cremation, the cremated remains of the deceased consisting primarily of bone fragments, will be mechanically pulverized to an unidentifiable consistency prior to placement in an urn or other container. Even with the exercise of reasonable care and the use of the Crematory's best efforts, it is not possible to recover all particles of the cremated remains of the Decedent; some particles may inadvertently become commingled with particles of other cremated remains remaining in the cremation chamber and/or other devices utilized to process (pulverize) the cremated remains. I/We hereby authorize the Crematory to dispose of any such residual particles in any lawful manner it deems appropriate.
- C. Unless a suitable container is purchased for the cremated remains of the Decedent, the crematory will place such remains in a container which is designed for short-term use and **may not be recommended for any type of shipment**. In the event the capacity of the urn or other container is insufficient to accommodate all of the cremated remains of the Decedent, an additional temporary (short-term) container will be used and returned to the person(s) designated above.
- D. Implanted pacemakers or other mechanical devices in the Decedent may create a hazardous condition when placed in a cremation chamber. The Crematory will not, therefore, cremate any human remains which contain any type of implanted mechanical device. In the event the remains of the Decedent do contain such a device, the Authorizing Agent(s) hereby authorize and instruct the funeral home, its agents and employees to contact the appropriate persons and secure the removal of any and all mechanical devices from the remains prior to the cremation process.

I/WE HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THE REMAINS OF THE DECEASED DO (____) DO NOT (____) CONTAIN A PACEMAKER OR ANY OTHER MATERIAL OR IMPLANT THAT MAY BE POTENTIALLY HAZARADOUS TO THE PERSON PERFORMING THE CREMATION. THE AUTHORIZING AGENT(S) CERTIFY THAT TO THE BEST OF HIS/THEIR KNOWLEDGE THE REMAINS OF THE DECEDENT DO (____) DO NOT (____) CONTAIN ANY TYPE OF IMPLANTED MECHANICAL DEVICE.

Initial(s)

- E. The Crematory reserves the right to accept or reject a cremation container constructed of noncombustible materials. Remains received in a noncombustible cremation container may be removed prior to cremation and placed in a combustible container; and the Crematory reserves the right to make disposition of such noncombustible container at its sole discretion. The Crematory is authorized to remove and discard handles, or any other items attached to the cremation container which may cause damage to the cremation chamber.
- F. I/We agree to identify, release and hold the Crematory, Funeral Home, their affiliates, agents, employees and assigns, harmless from any and all loss, damage, liability or causes of action (including attorney's fees and expenses of litigation) in connection with the cremation and deposition of the cremated remains of the Deceased, as authorized herein, or my/our failure to correctly identify the remains of the deceased, disclose the presence of any, implanted mechanical or radioactive device, or take possession of, or make permanent arrangements for, the disposition of such remains.
- G. Except as set forth in this Authorization, no warranties, expressed or implied, are made by the Funeral Home, Crematory or any of their respective affiliates, agents, or employees.
- H. The Authorizing Agent(s) understand that after the cremation authorization form is executed, the authorizing agent(s) only can revoke the authorization and instruct the crematory licensee of the funeral establishment to cancel the cremation and to release or deliver the human remains to another crematory licensee or funeral establishment by providing such instructions to the crematory licensee in writing prior to the commencement of the cremation. The crematory licensee shall honor these instructions provided that it receives such instructions prior to the commencement of the cremation of the human remains.

By executing this Cremation Authorization Application Form, as Authorizing Agent(s), the undersigned warrant that all representations and statements, except for Section D if that information is unknown to the Authorizing Agent(s), contained on this form are true and correct, that these statements were made to induce the Crematory to cremate the human remains of the Decedent, and that the undersigned have read and understand the provisions contained on this form.

SIGNATURE OF AUTHORIZING AGENT FOR CREMATION AND DISPOSITION

Signature _____/_____/_____/_____/_____
Authorizing Agent Signature Print Name Relationship to Decedent Date Time

Address _____/_____/_____/_____/_____
Street City State ZIP Telephone

PLEASE HAVE FORM NOTARIZED

State of _____

_____ County

I certify that the following person _____
personally appeared before me this day acknowledging to me that he or she signed the foregoing document.

Subscribed and sworn before me this
_____ day of _____, _____.

_____ Signature of Notary Public

My Commission Expires: _____