

POST OFFICE BOX 444
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CREMATION AUTHORIZATION

Cremation #

Cremation Date <i>(For Crematory Use Only)</i>

(Please type or print)

_____ Name of Deceased			_____ Date of Birth	_____ Sex
_____ Address			_____ Date of Death	_____ County and State of Death
_____ City	_____ State	_____ Zip Code	_____ SSN #	

- Pacemaker: No Yes
- No known infectious or communicable disease
- Infectious Hepatitis
- Any venereal disease _____
- Tuberculosis
- Acquired Immune Deficiency Syndrome (AIDS)
- Other: _____

Under Georgia Law (Code 31-21-3, Article 1), when a person who has been diagnosed as having an infectious or communicable disease dies in a hospital or other health care facility, a written notification describing such disease should accompany the body for disposition. In accordance with this law, you are hereby notified that the patient identified above had been diagnosed as having the disease(s) as indicated above prior to the time of death.

NOTICE REGARDING DEATH CERTIFICATES:

Low Country Cremation & Burial will process death certificates out to certifier as soon as information is gathered. We DO NOT control the process and death certificates may take an extended period of time to complete. Further, certified death certificates are ordered from the State, which charges a fee for all certified copies. (State of Georgia fees are \$25 for 1st copy and \$5 each additional. / State of South Carolina Fees are \$12 for 1st copy and \$5 each additional)

NUMBER OF DEATH CERTIFICATES NEEDED: _____

Special instructions for Disposition of Cremains: _____
 (unless otherwise specified, cremains will be returned to signer listed below.)

- 1) In the interest of dignity to the deceased, we perform the cremation as soon as possible. Is there any reason that we should delay the completion of the cremation service? _____ Yes _____ NO
- 2) Are there any family members that wish to view the deceased? _____ NO _____ Yes
 (final view surcharge of \$195 applies)
- 3) Are there any immediate family members that object to cremation _____ NO IF Yes, WHOM _____
- 4) Are there ANY special instructions? If so, detail _____

I hereby certify that I have full power and authority to authorize the cremation and the disposition of the cremated remains. I understand that due to the cremation process, any valuable material, including dental gold, will either be destroyed or not be recoverable. Any personal possessions accordingly have either been removed or may be destroyed. I further agree that I will 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 that the deceased has not had a heart pacemaker implanted, radiation producing implant device or 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 or others responsible for the removal of such a device, I will be liable for any damages to the crematorium or injury to the crematorium personnel.

I have read and fully understand the above statements.

_____ Name	_____ Relationship	
_____ Signature	_____ Phone Number	
_____ Address	_____ City/State	_____ Zip Code
_____ Signature of Funeral Director		_____ Date

Death Certificate Information Worksheet

1. Decedent's Legal Full Name _____
(First, Middle, Last)
- 1a. Last Name at Birth (If Female) _____
2. Sex _____
- 2a. Date of Death _____
3. Social Security Number _____
4. Age _____
5. Date of Birth _____
6. Birthplace (City and State) _____
- 7a. Street and Number of Residence _____
- 7b. Zip Code _____
- 7c. City or town of Residence _____
- 7d. County of Residence _____
- 7e. State of Residence _____
- 7f. Country _____
- 7g. Inside City Limits Yes or No (Circle One)
8. Armed Forces Yes or No (Circle One)
- 8a. Occupation _____
- 8b. Nature of Business _____
- 8c. Employer _____
9. Marital Status (Circle One) Married Married but Separated Widowed
Divorced Never Married Unknown
10. Spouse's Name _____
(If Wife, Give Name Prior To First Marriage)
11. Father's Name _____
(First, Middle, Last)
12. Mother's Name Prior to First Marriage _____
(First, Middle, Last)
13. Decedent's Education (Circle One) 8th grade or less 9th-12th grade, no diploma
High school graduate or GED completed Some college credit, but no degree
Associate degree (e.g. AA, AS) Bachelor's degree (e.g., BA, AS, BS)
Master's degree (e.g. MA, MS, Meng, Med, MSW)
Doctorate (e.g. PhD, EdD) or professional degree MD, DDS, DVM, LLB, JD
Unknown
- 14a Informant's Name _____
(First, Middle, Last)
- 14b. Relationship to Decedent _____
- 14c. Mailing Address (Street and Number, City, County, State, Zip Code) _____
15. Hispanic Origin (Circle One) No, not Spanish/Hispanic/Latino Yes, Puerto Rican
Yes, Mexican, Mexican American, Chicano Yes, Cuban
Yes, other Spanish/Hispanic/latino (specify) Unknown,
16. Decedent's Race (Circle One) White Japanese Asian Indian Filipino
Black/African American Korean Vietnamese
Native Hawaiian Guamanian/Chamorro Samoan
American Indian/Alaska native Other Asian
Other Pacific Islander Other Unknown
17. Disposition (Circle One) Cremation Donation Burial _____
18. How many certified death certificates are needed? _____
Georgia certified copies are \$25 for 1st and \$5 for each additional copy
South Carolina certified copies are \$12 for 1st and \$3 for each additional copy
19. Is there an insurance policy you wish for us to file on (yes or no) _____
If we file against insurance there is a \$65 assignment fee