

POST OFFICE BOX 444
REIDSVILLE, GEORGIA 30453
1-877-553-0997
FAX 912-557-6784
office@lowcountrycremation.com



Low Country
**CREMATION
& BURIAL**

CREMATION AUTHORIZATION

Cremation #

Cremation Date (For Crematory Use Only)

(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 _____