



728 Main Street • Avoca, PA 18641
 Shawn E. Carper, Supervisor
 Toll Free: 844-427-3672 • Fax 570-457-2530
 CremationOfPA.com

PLEASE EMAIL ALL FORMS
 BACK TO:
 INFO@CREMATIONOFPA.COM OR
 FAX to 570-457-2530

Authorization for Cremation and Disposition (At Need)

Notice: Cremation is an irreversible and final process.

Prior to signing the legal document, it is imperative that you understand the cremation process.

NAME OF DECEDENT: _____ SEX: Male Female

DATE OF BIRTH: _____ DATE OF DEATH: _____

I (We), the undersigned (the "Authorizing Agent(s)"), hereby authorize and request Cremation Specialist of Pennsylvania (CSPA) and the Crematory to cremate the remains of the decedent listed above and to arrange for the final disposition and/or return of the cremated remains, as set forth in this document.

FINAL DISPOSITION

Cremated remains shall only be released, delivered, or mailed to the Authorizing Agent unless otherwise indicated below.

Released Delivered Mailed

Name: _____

Address: _____

Relationship: _____

Other: _____

ARTIFICIAL DEVICES

PACEMAKERS, PROSTHESES, & RADIOACTIVE IMPLANTS

Mechanical devices, artificial implants, pacemakers, and certain nuclear medicine residues may create a hazardous condition when placed in a cremation chamber and subjected to high heat.

ALL PACEMAKERS AND RADIOACTIVE IMPLANTS MUST BE REMOVED PRIOR TO DELIVERING THE DECEDENT TO THE CREMATORY.

Are there any existing Artificial Devices that are attached to the decedent? Yes No

If yes, List: _____

I (We) hereby instruct Cremation Specialist of Pennsylvania to remove or arrange for the removal of any Pacemaker, Radioactive Implant or other hazardous devices and properly dispose of such devices as it sees fit and at any time.

Initials of AA _____

OR

The decedent's remains do NOT contain a pacemaker, radioactive implant or any other device that could cause injury to the Crematory Personnel and equipment.

Initials of AA _____

TIME OF CREMATION

The Crematory is authorized to perform the cremation upon receipt of the decedent, at its discretion, and according to its own time schedule, as work permits, without obtaining any further authorization or instructions, and once all the requirements for cremation are complete.

Initials of AA _____

REQUIREMENTS FOR CREMATION

1. A minimum of 24 hours have transpired since the death occurred.
2. Civil and medical authorities have issued all required permits
3. All necessary authorizations have been obtained, and no objections have been raised.
4. The Decedent's remains have been identified by the legal next of kin, the Authorizing Agent.
5. The dimensions of the Decedent can be safely accommodated by the crematory equipment. This requirement is at the discretion of the operator

PERSONAL PROPERTY

All personal property and effects delivered with the remains of the Decedent to the Crematory, including jewelry, clothing, hair pieces, dental pieces, eyeglasses, and shoes, will be destroyed in the cremation process and, subsequent to cremation, discarded by the Crematory, in its sole discretion, unless specific instructions for the delivery are given below. I (We) hereby release the Funeral Home and the Crematory from liability for these items.

Special Instructions: _____

Initials of AA _____

LIMITATION OF LIABILITY

As the Authorizing Agent(s), I (we) hereby agree to indemnify, defend, and hold harmless the Funeral Home, its officers, agents, employees and any affiliates of and from any and all claims, demands, causes or causes of action, and suits of every kind, nature and description, in law or equity, including any legal fees, costs and expenses of litigation, arising as a result of, based upon or connected with this authorization and special request to utilize a crematory other than a crematory affiliated with and under the auspices of Funeral Home, including the identification of the decedent whether embalmed or not embalmed at my (our) election, or the failure to properly identify the decedent or the human remains transmitted to the Funeral Home, the processing, shipping and final disposition of the decedent's cremated remains, the failure to take possession of or make proper arrangements for the final disposition of the cremated remains, any damage due to harmful or exposable implants, claims brought by any other person(s) claiming the right to control the disposition of the decedent or the decedent's cremated remains, or any other action performed by the Funeral Home, its officers, agents, employees or any affiliates, pursuant to this authorization and special request, excepting only acts of willful negligence.

Initials of AA _____

Authorization for Cremation and Disposition (At Need)

CREMATION PROCESS

All cremations are performed individually unless there is a specific request by the Authorizing Agent instructing to the contrary and for extenuating circumstances such as the simultaneous death of a parent and child. The crematory reserves the right to agree to or decline a special request by an Authorizing Agent. Cremation is performed by placing the deceased in a cremation casket or other container and then placing the casket or container into a cremation chamber or retort, where they are subjected to intense heat and flame.

Through the use of a suitable fuel, incineration of the container and contents is accomplished and all substances are consumed or driven off, except bone fragments (calcium compounds) and metal (including dental gold and silver and other non-human materials) as the temperature is not sufficient to consume them. Due to the nature of the cremation process any personal possessions or valuable materials, such as dental gold or jewelry (as well as anybody prosthesis or dental bridgework), that are left with the decedent and not removed from the casket or container prior to cremation will be destroyed or if not destroyed, will be disposed of by Crematory. Arrangements must be made with Funeral Home to remove any such possessions or valuables prior to the time that the decedent is transferred to the crematory.

Following a cooling period, the cremated remains, which will normally weigh several pounds and usually measure in excess of 150 cubic inches in the case of an average size adult, are then raked and swept. While every effort will be made to avoid commingling, inadvertent or incidental commingling of minute particles of cremated remains from the residue of previous cremations is a possibility. After the cremated remains are removed from the cremation chamber, all non-combustible materials (insofar as possible), such as bridgework, and materials from the casket or container, such as hinges, latches, nails, etc., will be separated and removed from the human bone fragments by visible and magnetic selection and will be disposed of by the crematory with similar materials from other cremations in a non-recoverable manner.

When the cremated remains are removed from the cremation chamber, the skeletal remains often contain recognizable bone fragments. Unless otherwise specified, after the bone fragments have been separated from the other material, they will then be mechanically processed (pulverized). This process of crushing or grinding may cause incidental commingling of the remains with the residue from the processing of previously cremated remains. These granulated particles of unidentifiable dimensions will be virtually unrecognizable as human remains.

AUTHORIZATION

(We), hereby certify that I (we) am (are) the closest living next of kin or that there is no next of kin of the decedent and that I (we) am (are) aware of NO OBJECTION to this cremation by any spouse, child, parent, or sibling. I (We) further understand that any living person who meets the qualification of any level above or equal to the one I (we) filled in would have a superior or equal right to act as the Authorizing Agent. I (We) do not have actual knowledge of the existence of any living person who has a superior or equal right to act as the Authorizing Agent.

I (We) have either identified or waived my (our) rights to identify the human remains released to CSPA. I (We) the Authorizing Agent(s), hereby authorize CSPA to photograph the remains of the herein named deceased and confirm that the digital photograph provided by CSPA is positive identification of the herein named deceased. I (We) the Authorized Agent(s), confirm that CSPA has provided information and explained that fingerprinting of the deceased is an option for the family and allows for personalization of merchandise. Fingerprinting is can also be used for identification & record keeping purposes. FINGERPRINTS CANNOT BE RETRIEVED FROM CREMATED REMAINS. By executing this CremationAuthorization form as Authorizing Agent(s), I (we) represent that I (we) have the right to authorize the cremation of the Decedent's remains and warrant that the information provided herein is true and correct. I (We) possess full legal authority and power to execute the authorization form and to arrange for the cremation and disposition of the cremated remains of the decedent. I (We) hereby agree to indemnify and hold harmless, Cremation Specialist of Pennsylvania (CSPA), the Crematory, funeral directors, all officers, agents, and employees, from any liability, claim, expense, or cost resulting from another person(s) claiming the right to control the disposition of the decedent or the decedent's cremated remains.

IF THE AUTHORIZING AGENT IS NOT AN INDIVIDUAL, (such as a spouse) ALL NEXT OF KIN (i.e. Children) MUST SIGN THIS AUTHORIZATION—SEE ADDENDUM “ADDITIONAL NEXT OF KIN (“AUTHORIZING AGENTS”)

PLEASE EMAIL A COPY OF PHOTO ID or DRIVERS LICENSE to INFO@CREMATIONOFPA.COM for AUTHORIZING AGENT(S)

Name: _____ Relationship to Decedent: _____

Address: _____

Signature X _____ Telephone Number: _____

Witness: _____ Telephone Number: _____

Signature X _____ Date: _____

REPRESENTATIONS OF FUNERAL DIRECTOR

I warrant, to the best of my knowledge, that I have reviewed this form with the Authorizing Agent(s), that no member of CSPA, has any knowledge or information that would lead us to believe that any of the answers provided by the Authorizing Agent(s) are incorrect, that the human remains delivered to the Crematory and represented as the human remains that we identified to CSPA as the Decedent, that CSPA obtained all the necessary permits authorizing the cremation and those permits are attached and that the representations concerning a pacemaker and other materials or implants that may be potentially hazardous are true.

Signature of Funeral Director _____

Authorization for Cremation and Disposition (At Need)

NAME OF DECEDENT: _____

Additional Next Of Kin ("Authorizing Agents")

Name: _____ Relationship to Decedent: _____

Address: _____

Signature X _____ Telephone Number: _____

Name: _____ Relationship to Decedent: _____

Address: _____

Signature X _____ Telephone Number: _____

Name: _____ Relationship to Decedent: _____

Address: _____

Signature X _____ Telephone Number: _____

Name: _____ Relationship to Decedent: _____

Address: _____

Signature X _____ Telephone Number: _____

Name: _____ Relationship to Decedent: _____

Address: _____

Signature X _____ Telephone Number: _____

PLEASE EMAIL A COPY OF PHOTO ID or DRIVERS LICENSE to INFO@CREMATIONOFPA.COM for AUTHORIZING AGENT(S)

Witness: _____ Telephone Number: _____

Signature X _____ Date: _____

REPRESENTATIONS OF FUNERAL DIRECTOR

I warrant, to the best of my knowledge, that I have reviewed this form with the Authorizing Agent(s), that no member of CSPA, has any knowledge or information that would lead us to believe that any of the answers provided by the Authorizing Agent(s) are incorrect, that the human remains delivered to the Crematory and represented as the human remains that we identified to CSPA as the Decedent, that CSPA obtained all the necessary permits authorizing the cremation and those permits are attached and that the representations concerning a pacemaker and other materials or implants that may be potentially hazardous are true.

Signature of Funeral Director _____