

AUTHORIZATION FOR CREMATION AND DISPOSITION

THIS IS A LEGAL DOCUMENT. THIS AUTHORIZATION MUST BE COMPLETED AND SIGNED PRIOR TO THE CREMATION PROCESS. CREMATION IS IRREVERSABLE AND FINAL. IMPORTANT INFORMATION REGARDING THIS PROCESS IS ON THE REVERSE OF THIS DOCUMENT. **READ CAREFULLY BEFORE SIGNING.** THIS DOCUMENT IS NOT A CONTRACT FOR FINANCIAL SERVICES. A SEPARATE CONTRACT (S) IS REQUIRED TO PURCHASE THIS SERVICE WITH YOUR FUNERAL HOME/CREMATION PROVIDER.

I/We, the undersigned certify and represent that I/we have the full legal right and authority, and know of no other living person who has a superior priority right under WV state law to authorize the cremation, processing and disposition of the remains of the deceased identified below. I/We further request and authorize **Affordable Cremations of WV** (hereinafter referred to as “ACWV”) to take possession of and make arrangements for the cremation of the remains of the named deceased at **Chapman Funeral Services, 3914 Teays Valley Rd., Hurricane, WV, C. Jacob Chapman, Operator-in-Charge** (hereinafter referred to as the “Crematory”).

IDENTIFICATION

Name of Decedent: \_\_\_\_\_ Date/Time of Death: \_\_\_\_\_  
Place of Death: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Race: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_  
For identification purposes, the authorizing agent(s) has arranged for one of the following as positive identity of deceased:    Personal View    Photograph    Identifying Marks  
Is the Cremation to be witnessed?    Yes    No    *(If yes, separate “Cremation Witness /Release must be completed.)*

CREMATION CONTAINER(S) AND URN(S)

WV law requires the use of a casket or container prior to cremation. **ACWV** and Crematory polices require the return of the cremated remains in a suitable container. These may be purchased from or provided to **ACWV** by the Authorizing Agent(s)

Casket/Container: \_\_\_\_\_  
Urn: \_\_\_\_\_

RELEASE/DISPOSITION

After the cremation is complete, the cremated remains are mechanically pulverized/processed and placed in the designated receptacle, **ACWV**/Crematory will arrange for the release/disposition of the cremated remains as directed by the Authorizing Agent(s). Initial one of the following choices:

\_\_\_\_\_ Personal Representative: \_\_\_\_\_  
\_\_\_\_\_ Cemetery: \_\_\_\_\_  
\_\_\_\_\_ USPS or Delivery to: \_\_\_\_\_

*Neither ACWV nor the Crematory are responsible for any loss or damage of cremated remains shipped via Priority Express with the United States Postal Service.*

PERSONAL PROPERTY

All personal property and effects delivered with the remains of the decedent to the crematory, including: clothes, hair pieces, dental bridgework, eyeglasses, and shoes will be destroyed in the cremation process or otherwise discarded by the crematory, in its sole discretion. Under no condition will non-combustible personal items knowingly be cremated. If you wish for jewelry or other personal items placed within the urn, this is the responsibility of your funeral director or cremation specialist.

PACEMAKERS, PROSTHESIS, AND RADIOACTIVE IMPLANTS

Pacemakers, radioactive, silicon or other implants, mechanical devices or prosthesis may create a hazardous condition when placed in the cremation chamber and subjected to heat and they will be removed for safety. The following list contains any and all known device(s) including mechanical/radioactive implants and prosthesis device(s) which are implanted within or attached to the decedent which must be removed prior to cremation.

I have instructed the funeral home/crematory to remove or arrange for the removal of stated device(s) and properly dispose of them. The crematory shall dispose of and/or recycle the non-organic and non-combustible metallic items including but not limited to hinges, latches, nails, screw, staples, plates, metal prosthesis, implants, or any other non-organic materials. The crematory will not receive direct compensation for the recycled items, but may donate any compensation to a charity of its choice.

SIGNATURE OF AUTHORIZING AGENT(S)

I/We warrant that all representations and statements made herein are true and correct, and that I/we have read and understand the provisions contained in this document and promise to adhere to the Provisions of Limitation of Liability on the reverse of this document.

Name/Relationship	Signature
Name/Relationship	Signature
Name/Relationship	Signature
Name/Relationship	Signature

State of: \_\_\_\_\_ County of: \_\_\_\_\_ : To-Wit: The foregoing instrument was signed and acknowledged before me by the above named individuals this \_\_\_\_\_ day of \_\_\_\_\_ , 20 \_\_\_\_\_

Witness/Notary Public

PLACE OFFICIAL SEAL HERE

## CREMATION WITNESS ACKNOWLEDGMENT AND RELEASE

The Undersigned has/have indicated through a properly executed Cremation Authorization and Disposition Form that they wish to Witness the Cremation of Decedent.

The Undersigned choose to watch the crematory operator place the body of Decedent into the cremation chamber as requested on the Cremation Authorization Form. Undersigned acknowledge that the placing of the Decedent involves placing the remains into the cremation chamber while the body is enclosed in an acceptable cremation container identified in the Cremation Authorization and Disposition Form.

Undersigned acknowledge(s) that **Affordable Cremations of WV and Chapman Funeral Services** ("Funeral Home and Crematory") are making a special arrangement on his/her behalf to permit this witness process.

Undersigned agree(s) to hold harmless, release and indemnify Funeral Home and Crematory, its employees, parent and successor companies, officers, agents, for any and/all distress, illness, psychological injury, including claims for emotional distress and any related damages resulting from viewing the process.

_____ Printed Name	_____ Signature	_____ Date
_____ Printed Name	_____ Signature	_____ Date
_____ Printed Name	_____ Signature	_____ Date
_____ Printed Name	_____ Signature	_____ Date
_____ Printed Name	_____ Signature	_____ Date
_____ Printed Name	_____ Signature	_____ Date
Funeral Director/Crematory Operator		
_____ Printed Name	_____ Signature	_____ Date

\_\_\_\_\_  
Name of Decedent

**Electronic Signature Agreement**

By signing this Electronic Signature Acknowledgement, I agree that my electronic signature is the legally binding equivalent to my handwritten signature and that I will not, at any time in the future, repudiate the meaning of my electronic signature or claim that my electronic signature is not legally binding.

Electronic Signature
<p><b>Please type your first and last name:</b></p> <p>_____</p> <p><b>Date signed:</b></p> <p>_____</p> <p>I understand that checking this box constitutes a legal signature confirming that I acknowledge and warrant the truthfulness of the information provided in this document.</p>

Time signed:

\_\_\_\_\_

IP address of signer:

\_\_\_\_\_