



430 S. Quebec St., Denver, CO 80247  
303-399-0692

Registration # \_\_\_\_\_

Date of Cremation \_\_\_\_\_

## AUTHORIZATION FOR CREMATION

### DECEDENT/AUTHORIZING AGENT INFORMATION

Name of Decedent: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Age: \_\_\_\_\_

Social Security No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Place of Death: \_\_\_\_\_

Next-of-kin/Authorized Agent: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address of Authorized Agent: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Telephone No: \_\_\_\_\_

### CREMATION IS IRREVERSIBLE AND FINAL

**THE CREMATION PROCESS:** Cremations performed by Fairmount Cemetery Company, herein and hereafter referred to as The Company, are performed by placing an individual in a cremation container or prepared casket within the cremation chamber for the purpose of memorialization. The decedent is placed in the crematory chamber, and through intense heat and flame (1400 to 1900 degrees Fahrenheit), the body and the container are reduced to basic components referred to as cremated remains. Upon completion of the calcine cycle, all substances are consumed or driven off, except bone fragments (calcium compounds), metal, and other non-human material. Following a cooling period, the remains (consisting of bone fragments, metal, etc.) are then removed from the chamber. The cremated remains will be separated from most metal and other non-human material to which may be affixed bone particles or other human residue. These materials will be disposed of in a non-recoverable manner. The cremated remains are then mechanically processed (pulverized). Once processed, the cremated remains are then placed in the specified urn or temporary container as selected or provided by the family. The Company makes every reasonable and prudent effort to remove and recover all of the cremated remains from the cremation chamber, processing equipment and other subsequent tools or containers. It is impossible to remove or recover all cremated remains and some bone particles and other residue will remain on or within the equipment. It is further impossible to guarantee or warrant that some bone particles or other residue could not possibly be co-mingled with those of previously cremated remains. In addition, while every effort will be made to avoid co-mingling, inadvertent or incidental co-mingling of minute particles of cremated remains from the residue of previous cremations is a possibility, and the Authorizing Agent understands and accepts this fact.

\_\_\_\_\_ I have read the above description of the cremation process and I have no further questions about my decision to proceed. **Initial**

**CASKETS AND CONTAINERS:** The Fairmount Crematory **DOES NOT** Accept Metal Caskets For Cremation. The Fairmount Crematory requires either a casket or a covered alternative container for cremation.

**A cremation/alternative container must meet all of the following standards in accordance with Fairmount Cemetery Company regulations:**

1. Be resistant to leakage or spillage.
2. Be composed of readily combustible materials suitable for cremation.
3. Be able to be closed to provide the complete covering of the deceased.
4. Be rigid enough for handling with ease.
5. Be able to provide protection for the health and safety of Crematory personnel.

Many caskets that are comprised primarily of combustible material also contain some exterior parts, e.g. decorative handles or rails that are not combustible and may cause damage to the cremation equipment. The Company, at its sole discretion, reserves the right to remove these non-combustibles prior to cremation and to discard them with similar materials from other cremations and other refuse in a non-recoverable manner.

**REQUIREMENTS FOR CREMATION:** Cremation will take place only after ALL the following conditions have been met:

1. All civil and medical authorities have issued all required authorizations and permits.
2. All necessary authorizations required by the family have been obtained, and no objections have been made.
3. Positive identification of the deceased by the Authorizing Agent or his Appointed Representative has been carried out.
4. Decedent has been placed in an appropriate casket or container as selected by the Authorizing Agent.
5. Any scheduled viewings and scheduled services with the Decedent present have been completed.

**IDENTIFICATION OF THE DECEDENT:** No decedent shall be cremated without visual identification of the deceased by the next-of-kin or his/her representative. When visual identification is not feasible, or refused, other positive identification of the deceased may be used as a prerequisite for cremation. Initial appropriate option(s)

1. \_\_\_\_\_ I/We hereby agree to an in-person, visual identification of the remains for the purpose of confirming the positive identification of the Decedent. An agreed upon time will be set between the hours of 9 a.m. to 4 p.m. at Fairmount's facility for the visual identification.
2. \_\_\_\_\_ I/We DO NOT WISH to visually identify the remains and accept the identification obtained by Fairmount at the time of transportation to the Mortuary.
3. \_\_\_\_\_ I/We will accept the identification of the remains by the State of Colorado Office of the Chief Medical Examiner or local coroner when the death falls under the jurisdiction of their office due to a violent death, decomposition, disfigurement or unrecognizable condition as positive identification of the Decedent. I/We acknowledge that once The Company takes possession of the remains, I/We will execute an affidavit of Identification of the Decedent for Cremation.

**IMPLANTED DEVICES:** Mechanical devices, implants, prosthesis and certain nuclear medicine residues in the Decedent may create a hazardous condition when subjected to intense heat. The Company may not cremate human remains which contain certain implants if the Decedent was previously treated with Strontium 89. I/We authorize The Company to remove and dispose of any pacemaker or other explosive implant. \_\_\_\_\_ *Initial*

**ORDER FOR DISPOSITON:** initial appropriate option(s)

1. \_\_\_\_\_ Return cremated remains to family or designated representative. ONLY the person(s) whose name(s) that appears below will be allowed to take possession of the cremated remains. Positive identification (government issued photo identification card) must be shown at the time of pick-up from The Company. THERE ARE NO EXCEPTIONS.  
A. Cremated remains to be picked up by 1) \_\_\_\_\_ 2) \_\_\_\_\_
2. \_\_\_\_\_ Inter said cremation remains in \_\_\_\_\_ Property Location \_\_\_\_\_
3. \_\_\_\_\_ I appoint The Company as my agent to make shipment of said cremated remains via U.S. Postal Service Priority Mail Express. I am aware that The Company's services have been fully completed when the cremated remains have left The Company's possession and I/We indemnify and hold harmless The Company from any and all claims arising from such mailing.
4. \_\_\_\_\_ I appoint The Company as my agent to deliver said cremated remains to \_\_\_\_\_
5. \_\_\_\_\_ I/We will take possession of said cremated remains within 60 days. I understand and hold Fairmount Cemetery Company harmless for disposition of unclaimed cremated remains after 180 days; at that time I/We will be responsible for any accrued cemetery cost for dis-inurnment.
6. Urn Selected \_\_\_\_\_ Special Instructions \_\_\_\_\_  
Cemetery Counselor \_\_\_\_\_

## COORDINATION WITH MORTUARY

1. \_\_\_\_\_ I would like the deceased present in the \_\_\_\_\_ casket, chosen by family, for a funeral service  
on \_\_\_\_\_ (Date) at \_\_\_\_\_ (Time)
2. \_\_\_\_\_ I would like the cremation to be complete and urn present for a memorial service located  
at \_\_\_\_\_ on \_\_\_\_\_ (Date) at \_\_\_\_\_ (Time)
3. \_\_\_\_\_ I understand that **ALL PERSONAL EFFECTS** that are left on the deceased **WILL** be destroyed during the  
cremation process.

**AUTHORIZATION TO CREMATE:** The undersigned hereby requests and authorizes The Company, in accordance with  
and subject to its rules, regulations, and all state and local laws to cremate the remains of

\_\_\_\_\_ who died at \_\_\_\_\_ on the  
\_\_\_\_\_ day of \_\_\_\_\_ 20 20 \_\_\_\_\_. I/We certify and represent that I/We have the right to make such  
authorization and agree to indemnify and hold harmless The Company, its affiliates, officers, agents and employees from  
any and all loss, damages, claims, demands, liability or causes of action (including attorney fees and expenses of  
litigation) in connection with the cremation, processing and disposition of the cremated remains as authorized herein.  
I/We understand The Company will seek legal action towards the undersigned if there is any form of misrepresentation or  
fraud on My/Our part while acting as the Authorizing Agent(s).

Signature (Authorizing Agent) \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Relationship to Deceased \_\_\_\_\_

Signature (Authorizing Agent) \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Relationship to Deceased \_\_\_\_\_

**ACKNOWLEDGEMENT OF FUNERAL DIRECTOR OR WITNESS:** This Authority to Cremate and Order Of Disposition  
document must be signed before a witness when the funeral director is not present. In certain cases, a notary public may  
be required.

\_\_\_\_\_  
Signature of Funeral Director/Witness

\_\_\_\_\_  
Date

Print Name \_\_\_\_\_

If signed outside of Funeral Home.

City/County of Denver State of \_\_\_\_\_

The foregoing instrument was subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 20 \_\_\_\_

\_\_\_\_\_  
Notary Public

Notary registration number: \_\_\_\_\_

My commission expires: \_\_\_\_\_