

# HERITAGE CREMATORY ASSOCIATION

## Cremation and Disposition Authority

DATE \_\_\_\_\_

NAME OF DECEASED \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ PLACE OF DEATH \_\_\_\_\_ DATE OF DEATH \_\_\_\_\_

I hereby authorize the Mortuary and the Heritage Crematory Association in accordance with and subject to its rules and regulations, to cremate the remains of the above named deceased. I hereby certify that I am related as \_\_\_\_\_, that I have the right to authorize the cremation and disposition of the cremains, that any personal possessions have either been removed or may be destroyed. I further agree to release the Mortuary and the Heritage Crematory Association from any and all liability for the performance of such service. Traditionally, cremains have been referred to as "ashes" or "cremated remains." The cremation process has always consisted of a procedure that results in a combination of ashes and pulverized bone fragments. This does not constitute a departure from the historical process or of modern technology. We make this disclosure to provide you with the full facts of this time honored process.

I have been told and understand that after cremation any so called precious metals (if any) that may have been used in dental work are not recoverable. I also have been given the option to call my dentist for removal of any metals (if any). I do not wish to exercise any right of removal and release the Mortuary and Heritage Crematory Association from any liability or loss of said metals (if any).

URN CAPACITY: In the event the volume of the cremated remains exceeds the capacity of the urn, a second urn will be utilized.

PACEMAKER: yes  no  The removal and disposal of a heart pacemaker is further authorized should there be one.  
Removed? yes  no

### IMPORTANT— DISPOSITION OF CREMATED REMAINS

The cremation process is by no means "final." Disposition and memorialization of cremated remains through an appropriate memorial location should be completed at the same time as funeral arrangements. Enter here proposed disposition cremated remains:

SHIPMENT: If disposition involves shipment, the undersigned authorizes the Heritage Crematory Association to deliver the cremated remains via Mails and agrees to assume all liability for any damages for any reason growing out of said delivery; and to indemnify and hold harmless the Heritage Crematory Association and the Mortuary for any claims related to such shipment.

The charges for such delivery in the amount of \$ \_\_\_\_\_.

DISPOSITION: All cremated remains will be returned to the Mortuary if no other disposition is stated. The Heritage Crematory Association will not hold cremated remains following the cremation.

FUNERAL HOME

NAME OF PERSON AUTHORIZING CREMATION

ADDRESS

RELATIONSHIP TO DECEASED

CITY

STATE

ZIP

ADDRESS

PHONE

CITY

STATE

ZIP

SIGNATURE OF FUNERAL DIRECTOR

SIGNATURE OF PERSON AUTHORIZING CREMATION

### DISPOSITION OF CREMAINS

MAIL TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- BUS TO FUNERAL HOME  
 FUNERAL HOME PICK UP  
 FAMILY PICK UP  
 CREMATORY DELIVER TO FUNERAL HOME

SIGNATURE OF RELATIVE OR LEGAL REPRESENTATIVE RECEIVING CREMATED REMAINS

DATE

FOR OFFICE USE ONLY

REGISTERED NUMBER

DATE RECEIVED

DATE CREMATED

BY:

TIME OF CREMATION

TYPE OF CREMATION RECEPTACLE

DATE PROCESSED

BY:

TYPE OF URN USED