

## CREMATION AUTHORIZATION

I (we) the undersigned (the "Authorizing Agent") hereby authorize **FRIEDRICHS FH, \_\_\_\_\_ (Funeral Director) & ACACIA PARK CEMETERY AND MAUSOLEUM CORPORATION ("Crematory")**, in accordance with and subject to its rules and regulations and any applicable Federal, State and local laws,

to Cremate the remains of \_\_\_\_\_ who died on \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_ (time).

And attest to the following:

- a) The death \_\_\_\_\_ was \_\_\_\_\_ was not due to infectious or contagious disease
- b) The decedent \_\_\_\_\_ does \_\_\_\_\_ does not have a pacemaker or other radiation producing device or any other life sustaining device that could be explosive. If such device exists, I (we) authorize said Funeral Home to remove the device. I (we) further agree that in the event of my (our) failure to notify said Funeral Home or Crematory for the removal of such device, I (we) will be liable for any damage to the Crematory or injury to crematory personnel.
- c) The deceased height is \_\_\_\_\_ ft \_\_\_\_\_ in. And weight is \_\_\_\_\_ lbs.

I (we) understand that all metals remaining following cremation will be sent for recycling. Recycling of these metals (prosthesis, dental implants, or similar items) will be done in compliance with EPA, state, and federal laws. Net profits from the recycling program will be applied toward the maintenance and beautification of the Acacia Park Cemetery grounds.

Prior to Cremation, a viewing of the decedent is arranged with the Funeral Home on \_\_\_\_\_ (date) at \_\_\_\_\_ (time)  
("N/A" is placed in these spaces if a viewing or service prior to cremation is not requested by the family)

**Upon receipt of the Human Remains at the crematory, viewing of the decedent is not allowed,  
and Acacia Park Crematory is hereby authorized to proceed with the cremation at its earliest convenience.**

Upon completion of the cremation, the following disposition of the cremated remains is requested:

☐ Bury Cremated Remains in Acacia Park Cemetery grave or designated scattering area as directed by Next of Kin.

Sec \_\_\_\_\_, Lot/Room \_\_\_\_\_, Block/Row \_\_\_\_\_, Grave/Niche \_\_\_\_\_

☐ Return to **FRIEDRICHS FH, \_\_\_\_\_ (name)**, for the designated family member to confer with funeral director to arrange disposition. Funeral Home is authorized to dispose of cremains if Authorizing Agent does no arrange for disposition within fourteen days from the date hereof or when there is no designated item listed above.

List any items you acknowledge are to be cremated with the decedent: \_\_\_\_\_

### **\*\* CERTIFICATION OF NEXT OF KIN FOR CREMATION \*\***

I (WE) \_\_\_\_\_ (printed name) THE UNDERSIGNED,  
HEREBY CERTIFY THAT I AM (WE ARE) THE CLOSEST LIVING NEXT OF KIN OF THE DECEDENT AND THAT I AM (WE ARE) RELATED TO  
THE DECEDENT AS HIS/HER \_\_\_\_\_.

OR THAT I (WE) OTHERWISE SERVE (SERVED) IN THE CAPACITY OF \_\_\_\_\_ TO THE DECEDENT.

AND, THAT I (WE) HAVE CHARGE OF THE REMAINS OF THE DECEDENT AND AS SUCH POSSESS FULL LEGAL AUTHORITY AND POWER,  
ACCORDING TO THE LAWS OF THE STATE, TO EXECUTE THIS CREMATION AUTHORIZATION FORM AND ARRANGE FOR THE  
CREMATION.

IN ADDITION, I AM (WE ARE) AWARE OF NO OBJECTION TO THIS CREMATION BY ANY OTHER FAMILY MEMBER.

I (WE) FURTHER AGREE TO INDEMNIFY, DEFEND AND HOLD HARMLESS FRIEDRICHS FUNERAL HOME AND ACACIA PARK CEMETERY  
AND MAUSOLEUM CORPORATION, ITS OFFICERS, AGENTS, AND EMPLOYEES, FROM ANY AND ALL CLAIMS, DEMANDS, CAUSE OR  
CAUSE OF ACTION, AND SUITES OF EVERY KIND, NATURE AND DESCRIPTION, IN LAW OR IN EQUITY, WITH RESPECT TO SAID  
CREMATION, EXCEPTING ONLY ACTS OF WILFUL NEGLIGENCE.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_