



Chad R. Harding, Owner/Licensee-In-Charge
Billie J. Harding, Crematory Operator-In-Charge
Dennis E. Nunley, Funeral Director
147 Main Street Poca, WV 25159
P: 304-755-1361 F: 304-755-0192

Request For Cremation

Cremation Number _____

Date _____

I hereby request you to cremate the remains and alternative container/casket of _____ who died on the ____ day of _____ 20____, and I hereby certify that I have charge of the remains of said deceased and, that I am related to the deceased as _____ request you to make the following arrangements with the human cremated remains _____

Signature _____

Printed Name _____

Address _____

Signature _____

Print Name _____

Address _____

Relationship _____

Relationship _____

Does body contain a Mechanical device? Yes _____ No _____

Does body have any jewelry or valuables? Yes _____ No _____

List _____

Are these items to be removed before cremation? Yes _____ No _____

Any implants or replacement surgery joints or valuable metals found after the cremation process are sent to a recycling facility and any and all funds collected are donated to **ST. JUDE CHILDREN'S RESEARCH HOSPITAL**.

I do hereby declare that this is the remains of said body of the deceased _____

Signature _____

(acting agent for said funeral home)

Received _____ 20____

Print Name _____

By _____

Cremation completed _____ 20____

By _____

I/we hereby attest that the cremation was carried out under my/our direction as authorized above.

Signature of operator _____

NOTE: The Funeral Home or Crematorium may dispose of cremains if not called for within sixty days from the above date. We assume no responsibility for cremains after delivery to post office or any agent or person

Continued – Page Two-Request for Cremation

Place of Death_____ Time of Death_____

Cremation is final disposition, Memorialization of the cremated remains through the purchase of an appropriate urn and a memorial location can be provided. It is agreed that if any arrangements for final disposition of the remains are not made within ninety days, and after proper notification, they may be disposed of in a manner by the funeral director, funeral home or crematory. If cremains are not picked up within _____ days, please mail these cremains to me at/or:_____

The Authorized Representative(s) understand that due to the nature of the cremation process certain materials, including body prostheses, dental bridgework, dental fillings, or personal articles accompanying the remains will either be destroyed or will not be recoverable. Accordingly, the Authorized Representative(s) represent and warrant to the company that such materials: (1) have been removed from the remains; (2) may be removed from the remains and disposed of by the company unless otherwise directed in writing by the Authorized Representative(s); or (3) may be destroyed by the cremation process.

Implanted Mechanical Device – In the event of the remains of the deceased do contain such a device, the Authorized Representative(s) hereby authorize and instruct the company, its agents and employees, to contact the appropriate persons and secure the removal of any and all mechanical devices from the remains prior to commencement of the cremation process.

Cremated remains consist of primarily of bone fragments, which are reduced to permit their placement in an urn or other suitable container. Unless a suitable container is purchased for the cremated remains of the deceased, the company will place such remains in a container which is designed for short term use. In the event, the capacity of the urn or other container is insufficient to accommodate all of the cremated remains of the deceased, the company will return any such remains in a separate package unless otherwise instructed in writing by the authorized representative(s).

The Authorized Representative(s) understand that, even with the exercise of reasonable care and the use of its best efforts, the company may not be able to recover all the particles of the cremated remains of the deceased and some particles may inadvertently become commingled with particles of other cremated remains. The Authorized Representative(s) hereby expressly authorize the incidental of inadvertently commingling of particles of cremated remains of the deceased with particles of other cremated remains remaining in the cremation chamber and/or other devices utilized to reduce the cremated remains and the disposition of any remaining particles of cremated remains of the deceased at the sole discretion of the company.

Authorized Signature_____