



PHOENIX CREMATORY

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144 Hacker's Creek Road • Jane Lew, WV 26378
Phone (304) 884-2400 • Fax (304) 884-2402

No. _____

BILLING ADDRESS:
P. O. Box 569 • Jane Lew, WV 26378

AUTHORIZATON FOR CREMATION AND DISPOSITION

CREMATION IS IRREVERSIBLE AND FINAL. READ THIS DOCUMENT CAREFULLY BEFORE SIGNING.

IDENTIFICATION: The undersigned (hereinafter referred to as the Authorized Representative(s)) hereby certify that they are the legal authorized representative(s) of the herein named deceased (hereinafter referred to as the "Deceased"), having full legal authority to authorize the cremation, processing, and disposition of the cremated remains of the Deceased. I/We hereby request and authorize _____ Funeral Home to take possession of and arrange for Phoenix Crematory (hereinafter referred to as the "Company") to cremate, process, and dispose of the remains of (Name) _____, Sex _____, SSN _____/_____/_____, Date of Birth: _____/_____/_____, Place of Death: _____, Date and Time of Death: _____ : _____ a.m./p.m., in accordance with and subject to the terms and conditions set forth in this Authorization, the Company's rules and regulations, applicable West Virginia state laws, and any other rules or regulations governing the cremation of dead human bodies.

HOLD HARMLESS STATEMENT: The Authorized Representative(s) agree to hold harmless the Company, its affiliates, agents, employees, or assigns, of and from any and all claims, demands, causes or causes of action, and suits of every kind, nature and description, in law or equity, including any legal fees, costs and expenses of litigation, arising as a result of, based upon or connected with this authorization, including the failure to properly identify the deceased or the human remains transmitted to the Company, the processing, shipping and final disposition of the cremated remains, claims brought by any other person(s) claiming the right to control the disposition of the Deceased or the Deceased's cremated remains, or any other action performed by the Company, its affiliates, agents, employees, or assigns, pursuant to this authorization, excepting only acts of willful negligence.

DISPOSITION OF CREMATED REMAINS:

1. The Authorized Representative(s) certify and represent that the dead human body delivered to the Company for cremation is that of the Deceased and the Authorized Representative(s) further represent that they have the right to control the disposition of said remains.
2. A dead human body shall not be accepted for cremation unless it is received in a leak resistant, rigid, combustible cremation container. The Company reserves the right to accept or reject a noncombustible cremation container. The Company is authorized to remove and discard handles or any other items attached to the cremation container that may cause damage to the cremation chamber and the Company reserves the right to dispose of the residue.
3. The Authorized Representative(s) understands that, due to the nature of the cremation process, certain materials, including body prostheses, dental bridgework, dental fillings, or personal articles accompanying the dead human body will either be destroyed or will not be recoverable.
4. Pacemakers and any other explosive device implanted in the Deceased may create a hazardous condition when placed in a cremation chamber. Therefore, the Company shall not cremate a dead human body that contains a pacemaker or any other type of implanted explosive device. THE AUTHORIZED REPRESENTATIVE (S) CERTIFIES THAT THE REMAINS OF THE DECEASED () DOES () DOES NOT CONTAIN A PACEMAKER OR ANY OTHER IMPLANTED EXPLOSIVE DEVICE. In the event the Deceased does contain such a device, the Authorized Representative(s) hereby authorizes and instructs the Company, its agents and employees, to contact the appropriate person(s) to secure the removal of any pacemaker and all explosive devices from the Deceased prior to commencement of the cremation process. _____(Initials)
5. Radioactive implants can be harmful to crematory personnel and equipment and a dead human body will not be cremated unless the implants are removed prior to cremation and removal verified in writing by qualified removing agent. THE AUTHORIZED REPRESENTATIVE(S) CERTIFIES THAT THE REMAINS OF THE DECEASED () WAS () WAS NOT TREATED WITH RADIOACTIVE MATERIAL. IF TREATED, IDENTIFY TYPE _____.
6. Cremated remains primarily consist of bone fragments that 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 that 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 shall return any such remains in a separate package unless otherwise instructed in writing by the Authorized Representative(s).
7. 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 or inadvertent 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. _____(Initials)
8. The Company shall not perform a cremation until it receives an Authorization for Cremation and Disposition form signed by the Authorized Representative(s), a death certificate signed by a physician, a Burial and Transit permit, and a Medical Examiner certification of cremation permit (WV only).
9. Authorized Representative(s) legally permitted to authorize the cremation of a dead human body are herein defined: (a) the deceased person by instructions in a will or a medical power of attorney; (b) the surviving, legally recognized spouse; (c) a sole surviving biological or adopted child over the age of 18 years or a simple majority of surviving children over the age of 18 years whether they are biological or adopted children; (d) surviving parent(s) or other legal guardian of the deceased; (e) surviving biological or adopted brother(s) and sister(s) over the age of 18 years; (f) person(s) of majority in the next degree of kinship in the order named by law to inherit the deceased's estate; or (g) the appropriate public or court authority.

10. **FINAL DISPOSITION:** Cremation is not final disposition; therefore, after cremation has taken place, the Authorized Representative(s) hereby authorizes the Company to ship, release, or otherwise dispose of the cremated remains as specified:

- a) Ship to _____
- b) Release to _____
- c) Otherwise dispose _____

If after sixty (60) calendar days following cremation the cremated remains are not claimed, the Company shall proceed to dispose of the unclaimed remains as per West Virginia state law.

SIGNATURE(S) OF AUTHORIZED REPRESENTATIVE(S)

By executing this Authorization for Cremation and Disposition form, the undersigned warrants that all representations and statements contained on this form are true and correct. Furthermore, the undersigned avows that he/she has read and understands the provisions contained on this form.

NOTICE: DO NOT SIGN THIS AUTHORIZATION UNTIL YOU HAVE READ AND UNDERSTAND ITS CONTENTS

Name _____ Signature _____
Relationship to Deceased _____ Phone No. _____
Address _____

Name _____ Signature _____
Relationship to Deceased _____ Phone No. _____
Address _____

Name _____ Signature _____
Relationship to Deceased _____ Phone No. _____
Address _____

Name _____ Signature _____
Relationship to Deceased _____ Phone No. _____
Address _____

Name _____ Signature _____
Relationship to Deceased _____ Phone No. _____
Address _____

Signature of Funeral Director as Witness for Signature(s) of Authorized Representative(s)/Funeral Home

This is to certify that _____
(Funeral Home)

Has delivered the dead human body of _____

To: PHOENIX CREMATORY SERVICE on _____/_____/_____
Date

Authorized Crematory Representative

Funeral Director/Designate



Phoenix Crematory

PO Box 569
144 Hackers Creek Rd.
Jane Lew, WV 26378
304-884-2400
304-884-2402 Fax

If this Cremation Authorization Form is to be sent to the Crematory Authority by facsimile transmission or other means of electronic telecommunication, then please complete this form.

FACSIMILE TRANSMISSION APPROVAL

I hereby warrant that I am the person listed on this Cremation Authorization Form as the Authorizing Agent and that I executed this form in the presence of a Notary Public, as described below. In addition to all other authorizations, representations, and warranties contained in this form, I hereby authorize the Crematory Authority to cremate the body of _____, upon its receipt of an executed copy of this Cremation Authorization Form, sent by facsimile transmission or other means of electronic telecommunication. I agree to hold the Crematory Authority harmless and to fully indemnify it for any such action that it takes based upon a facsimile transmission or other electronically reproduced copy of this form. I further warrant that I will arrange for the original version of this document, that bears my actual signature, to be delivered directly to the Crematory Authority without delay.

Authorizing Agent

Date

NOTARY ACKNOWLEDGEMENT

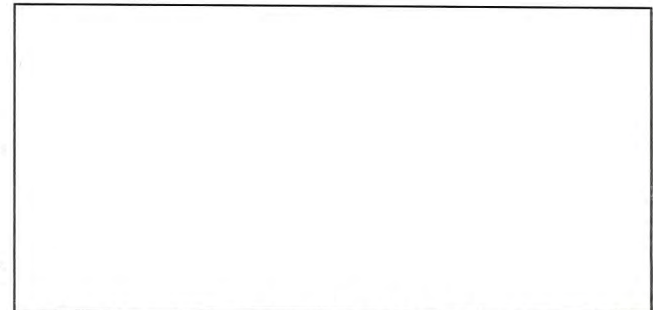
State of _____ County of _____

I am a Notary Public and I hereby confirm that _____, whose signature is set forth above as Authorizing Agent, executed this Cremation Authorization Form in my presence.

Subscribed to and sworn before me this

_____ day of _____ 20____

Notary Public (Sign in black ink)



Seal or stamp must be affixed to each original form.