



# AUTHORIZATION FOR CREMATION AND DISPOSITION



## Yates Funeral Homes and Crematory

I (We), the undersigned (the "Authorizing Agent(s)", hereby authorize and request \_\_\_\_\_, ("Funeral Home") in accordance with and subject to its rules and regulations, and any applicable state/provincial or local laws or regulations, to arrange with Yates Crematory to cremate the human remains of \_\_\_\_\_, (the "Decedent") and to arrange for the final disposition of the cremated remains, as set forth on this form. I (We) have identified the human remains that were delivered to the Funeral Home as the decedent, and have authorized delivery of the decedent to the Funeral Home for cremation. Otherwise I (We) have elected to waive the right to identify the human remains at the Funeral Home. I (We) have read and received a copy of the attached document entitled "Cremation Rules and Regulations", and hereby authorize cremation of the decedent in accordance with such rules and regulations.

Initials of Authorizing Agent(s): \_\_\_\_\_

### IDENTIFICATION

Date of Death \_\_\_\_\_ Place of Death \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

Was death caused by an infectious or contagious disease?  Yes  No (If Yes, explain) \_\_\_\_\_

### CLOTHING, JEWELRY, PACEMAKERS, PROSTHESES, RADIOACTIVE IMPLANTS OR MECHANICAL DEVICES

The decedent's remains do not contain any jewelry/other items, a pacemaker, radioactive implant or any harmful device. They are safe to cremate.

Initials of Authorizing Agent(s): \_\_\_\_\_

Clothing, Jewelry/other items to be removed prior to cremation: \_\_\_\_\_

The following list contains all existing devices (including all mechanical, radioactive implants and prosthetic devices) which are implanted in or attached to the decedent, that should be removed prior to cremation: \_\_\_\_\_

Unless otherwise indicated in writing, the Funeral Home is authorized to dispose of such device(s) at its sole discretion. Upon such disposition, such device(s) will be irretrievable. I (We) understand that due to the nature of the cremation process, all mechanical devices and implants will either be destroyed or not recoverable. I have instructed the Funeral Home to remove or arrange for the removal of these devices and to properly dispose of them prior to transporting the decedent to the Crematory. Alternative instructions: \_\_\_\_\_

Initials of Authorizing Agent(s): \_\_\_\_\_

### TIME OF CREMATION

The Yates Crematory is authorized to perform the cremation upon receipt of the human remains, at its discretion, and according to its own time schedule, as work permits, without obtaining any further authorizations or instructions. Explanation for exception: \_\_\_\_\_

### FINAL DISPOSITION

Check the appropriate number below the method of final disposition of the cremated remains:

1. \_\_\_\_\_ Funeral Home will hold the cremated remains up to 60 days to be picked up by:  
Name(s): \_\_\_\_\_
2. \_\_\_\_\_ Funeral Home will deliver cremated remains to \_\_\_\_\_  
with arrangements to be \_\_\_\_\_
3. \_\_\_\_\_ Deliver the cremated remains to the U.S. Postal Service for shipment by Registered, Return Receipt mail to: \_\_\_\_\_
4. \_\_\_\_\_ Other specific instructions: \_\_\_\_\_

(If item 3 is selected, then I (We) agree to assume all liability that may arise from such shipment, and to indemnify and hold Funeral Home and Crematory harmless from any and all claims that may arise from such shipment.)

Initials of Authorizing Agent(s): \_\_\_\_\_

### AUTHORITY OF AUTHORIZING AGENT

I (We), the undersigned, hereby certify that I am: (please check one). There is no one with a higher or equal authority to execute this form.

1. \_\_\_\_\_ The *decedent* pursuant to a pre-paid prearranged funeral plan as set forth in section 54-1139 Idaho Code.
2. \_\_\_\_\_ The *person designated in a written document* executed by the decedent as set forth in section 54-1142 (a) Idaho Code.
3. \_\_\_\_\_ The person designated by the decedent as *durable power of attorney for health care*.
4. \_\_\_\_\_ The person designated by the decedent as *general durable power of attorney* if such right is clearly granted.
5. \_\_\_\_\_ The competent surviving *spouse* of the decedent.
6. \_\_\_\_\_ A majority of the competent surviving *adult children* (18 yrs.) of the decedent.
7. \_\_\_\_\_ The competent surviving *parents* or parent of the decedent.
8. \_\_\_\_\_ The *court appointed personal representative* of the decedent's estate.
9. \_\_\_\_\_ The *person nominated as personal representative* of the decedent's estate in the will.
10. \_\_\_\_\_ The majority of the competent adult *persons entitled to inherit* from the decedent under Idaho state succession laws.
11. \_\_\_\_\_ The *guardian* or the *conservator* of the decedent after 40 days.
12. \_\_\_\_\_ The *coroner* of unclaimed bodies after 14 days (re: Idaho code 31-2802).

### LIMITATION OF LIABILITY

As the Authorizing Agent(s), I (We) hereby agree to indemnify, defend, and hold harmless Yates Funeral Homes and Crematory, its officers, agents and employees, 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 out of or pertaining to this authorization and the services to be performed, including the failure to properly identify the decedent or the human remains transmitted for cremation, processing, shipping and final disposition of the cremated remains, any damage due to harmful or explodable implants, claims brought by any other person(s) claiming the right to control the disposition of the decedent or the decedent's cremated remains, or any other action performed by Funeral Home and Crematory, its officers, agents, or employees, pursuant to this authorization.

### SIGNATURE OF AUTHORIZING AGENT(S)

By executing this authorization for Cremation and Disposition, as Authorizing Agent(s), the undersigned warrant that all representations and statements contained on this form are true and correct, that these statements were made to induce Funeral Home and Crematory to cremate the human remains of the decedent, and that the undersigned have read and understand the provisions contained on this form.

Executed at \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

- |   |  |
|---|--|
| 1. _____<br><i>Name</i><br>_____<br><i>Relationship</i> | _____<br><i>Signature</i><br>_____<br><i>Address</i> |
| 2. _____<br><i>Name</i><br>_____<br><i>Relationship</i> | _____<br><i>Signature</i><br>_____<br><i>Address</i> |
| 3. _____<br><i>Name</i><br>_____<br><i>Relationship</i> | _____<br><i>Signature</i><br>_____<br><i>Address</i> |

Signature of Funeral Director as Witness for Signature(s) of Authorizing Agent(s) \_\_\_\_\_