

**Fox Funeral Home & Crematory**  
**2800 Commercial Way, Rock Springs, WY 82901 307-362-3876**  
**AUTHORIZATION FOR CREMATION AND DISPOSITION**

The undersigned (the "Authorized Representative(s)") hereby certify that they are the legal custodians of the herein named Deceased (the "Deceased"), having full legal authority to authorize the cremation, processing and disposition of the cremated remains of the Deceased and hereby request and authorize, (the "Company"), to take Possession of and make arrangements for, the cremation, processing and disposition of the remains of-

\_\_\_\_\_  
(Name of Deceased)

**DISPOSITION OF CREMATED REMAINS**

The Authorized Representative(s) hereby authorize the disposition of the cremated remains of the Deceased as follows:

- 1. Family member will pick up from funeral home. (Name) \_\_\_\_\_
- 2. Ship cremated remains via Certified Mail to: \_\_\_\_\_
- 3. Funeral home will deliver to: \_\_\_\_\_
- 4. Special Handling: \_\_\_\_\_

The Authorized Representative authorizes and directs the Company to dispose of the cremated remains in any manner it may deem suitable after 120 days.

A. The Authorized Representative(s) certify and represent that the remains delivered for cremation are those of the Deceased and further represent that they have the right to control the disposition of said remains.

B. 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 if left on the body.

C. Mechanical devices implanted in the Deceased may create a hazardous condition when placed in a cremation chamber. In the event the remains of the Deceased do contain such a device, the Authorized Representative(s) hereby authorize and instruct the Company to secure the removal of any and all mechanical devices from the remains prior to commencement of the cremation process.

THE AUTHORIZED REPRESENTATIVE(S) CERTIFY THAT THE REMAINS OF THE DECEASED

DO  DO NOT CONTAIN ANY TYPE OF IMPLANTED MECHANICAL DEVICE.

D. The obligation of the Company shall be limited to the cremation of the remains of the Deceased and the disposition of the cremated remains as directed herein. The Authorized Representative(s) agree to release and hold the Company, its affiliates and their agents, employees and assigns, harmless from any and all loss, damages, liability or causes of action (including attorneys fees and expenses of litigation) in connection with the cremation and disposition of the cremated remains as authorized herein or the failure of the Authorized Representative(s) to identify properly the remains of the Deceased.

**SIGNATURE OF PERSON(S) AUTHORIZING CREMATION AND DISPOSITION**

Signature \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Authorized representative) Print Name Relationship

Address \_\_\_\_\_ Tel.No. \_\_\_\_\_

Signature \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Authorized representative) Print Name Relationship

Address \_\_\_\_\_ Tel.No. \_\_\_\_\_

Signature \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Authorized representative) Print Name Relationship

Address \_\_\_\_\_ Tel.No. \_\_\_\_\_

\*Unless previously authorized by the Deceased in accordance with applicable state law, no cremation may take place without written authorization from the next of kin of the Deceased, or the Deceased's legal representative. The next of kin is the persons described below in the following order: (a) Surviving Spouse (b) Surviving Children (c) Surviving Parents (d) Surviving Brothers & Sisters etc. If the next of kin is a child, or a brother or sister, it is recommended that all children or all brothers and sisters sign.