

E. Date \_\_\_\_/\_\_\_\_/\_\_\_\_

AUTHORIZATION FOR CREMATION AND DISPOSITION OF CREMATED REMAINS

I/we hereby request, authorize and direct you to cremate, in accordance with and subject to your rules and regulations, the remains of \_\_\_\_\_ deceased, and container containing same, as delivered to you with permit by \_\_\_\_\_ American Heritage Cremation Society \_\_\_\_\_ on (Date); subject, however to the 48 hour State Law and to necessary changes of time because of other than scheduled arrival of body or other commitments of the crematory and within time specified on contract for cremation.

I/we, of legal age, hereby certify that (1) I/we am/are the \_\_\_\_\_ of the above named deceased, that (2) I/we alone have the right to give authorization and direction for said cremation and disposition of the cremated remains, and that (3) the deceased left no other direction for the disposition of his/her remains; and I/we hereby agree to defend, indemnify and keep harmless \_\_\_\_\_ and their representatives from any and all liability of whatsoever kind, or claim therefore, for whatsoever they, or either of them, may do by virtue hereof.

**NOTICE:** Heart Pacemakers or any **Battery Operated** Implantable Medical Device can be dangerous when placed in a cremation chamber. If the crematory does not receive proper notice, the family shall be responsible for any damage resulting and the crematory will not be responsible or accept any liability.

**B. Pacemaker or Device Containing Battery:** Yes No

I the undersigned, do understand that due to the nature of the cremation process any valuable material, including dental gold, will be destroyed. The undersigned also declares that all personal possessions have been or be removed from the deceased by a family member or his/her personal representative, and shall hold harmless, defend, indemnify the cremation society, crematory or its/their agents and/or representatives from loss. The undersigned does understand that cremated remains are basically bone fragments which are processed to permit placement in a (urn). If container is furnished by the undersigned or his/her family, and said container capacity is to accommodate all of the remains, the crematory will place excess cremains in a temporary container to complete disposition, as agreed above, unless otherwise instructed in writing by the undersigned.

After Cremation I / we direct you to carry out disposition of the cremated remains in the following manner:

Cremated Remains will be Placed at Sea per Federal Regulations

Cremated remains Placed at Sea are not recoverable.

F. Authorizing Signature: \_\_\_\_\_ D. Name: \_\_\_\_\_

G. Notary as Witness: \_\_\_\_\_

or Authorized agent. License # \_\_\_\_\_ ID Produced \_\_\_\_\_ or Circle for: Personally Known

**Altering of this document may render it void. Do not fill in below this double line.**

Death Care Provider In Charge:

Name of Deceased: \_\_\_\_\_ Date of Death: \_\_\_\_\_ Time of Death: \_\_\_\_\_  
Place of Death: \_\_\_\_\_  
Forward Cremains to: \_\_\_\_\_

**SPACE BELOW FOR CREMATORY USE ONLY**

Date Received: \_\_\_\_\_ Permit #: \_\_\_\_\_ Date Cremation Completed: \_\_\_\_\_

Issued at: \_\_\_\_\_  
City State

I/we hereby attest that the cremation was carried out under: \_\_\_\_\_

My/our direction as authorized above. \_\_\_\_\_