

**AUTHORIZATION FOR CREMATION AND DISPOSITION**

NOTICE: THIS IS A LEGAL DOCUMENT. IT CONTAINS IMPORTANT PROVISIONS CONCERNING CREMATION. CREMATION IS IRREVERSIBLE AND FINAL. READ THIS DOCUMENT CAREFULLY BEFORE SIGNING. County Crematory 192 Commerce Dr. Perris, CA 92571 License CR 131

I/We, the undersigned, certify, warrant and represent that I/We have the full legal right and authority to authorize cremation, processing and disposition of the

remains of \_\_\_\_\_ Address \_\_\_\_\_

(hereinafter referred to as the deceased)

I/We hereby request and authorize \_\_\_\_\_ (Hereinafter referred to as the "funeral home") to take possession of and make arrangements for cremation of the remains of the deceased at County Crematory (hereinafter referred to as the "crematory"). I/We authorize the crematory to return the cremated remains of the deceased to the possession and custody of the Funeral Home. I/We understand that the services and obligations of the Crematory shall be fulfilled when the cremated remains of the Deceased are returned to the possession and custody of the Funeral Home. I/We hereby authorize the Funeral Home to arrange for the disposition of the cremated remains of the deceased as follows: (initial below)

**Viewing Before Cremation** (initial one)    Yes \_\_\_\_\_    No \_\_\_\_\_    Unknown \_\_\_\_\_  
Viewing Date \_\_\_\_\_    Time \_\_\_\_\_    Place \_\_\_\_\_

**Special handling/other** (Specify) \_\_\_\_\_

**Description of Urn or Container Selected** \_\_\_\_\_

Return to the Funeral Home \_\_\_\_\_

Deliver to (Name and Address of Cemetery) \_\_\_\_\_

Release to Family (Designated family members name) \_\_\_\_\_

Scattering at sea by Funeral Home or Funeral Home's agent \_\_\_\_\_

Ship Via Registered US Mail To (Name & Address) \_\_\_\_\_

- \_\_\_\_\_ Self
- \_\_\_\_\_ Other authorization representative. \_\_\_\_\_ (Attached copy of power of attorney for Health Care or will)
- \_\_\_\_\_ Surviving Spouse
- \_\_\_\_\_ I/We am/are the sole surviving adult child/children of the deceased
- \_\_\_\_\_ I/We represent a majority of the surviving adult children
- \_\_\_\_\_ I/We are the surviving adult child/children of the deceased and have used reasonable efforts to notify all other surviving adult children and I/We are not aware of any opposition to the cremation of the decedent on the part of one-half or more of all surviving children.
- \_\_\_\_\_ I/We am/are the person(s) respectively in the next degrees of kindred, and accept all responsibility for the cremation & disposition of he deceased.

**(THIS SECTION FOR OFFICE USE ONLY)**

I the undersigned hereby acknowledge the receipt of the cremated remains of the Deceased named above, and have full legal right, Authority to take possession of above named cremated remains

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Relationship \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_ Place \_\_\_\_\_ License # \_\_\_\_\_

The cremation, processing and disposition of the remains of the deceased authorized herein shall be performed in accordance with all governing laws, rules, and regulations and policies of the crematory and funeral home, and the following terms and conditions:

The remains of the Deceased will not be accepted for cremation unless received by the crematory in a combustible, leak resistant, rigid alternative or cremation container and shall be labeled with the name of the Funeral Home and the name of the deceased. The Crematory is authorized to remove and dispose of handles, ornaments and any other noncombustible items attached to the cremation container prior to cremation. Mechanical or radioactive devices implanted in the remains of the deceased (such as pacemakers, etc.) may create a hazard when placed in the cremation chamber. In the event the remains of the deceased contain such a device I/We hereby authorize the Funeral Home, it's agent and employees, to remove any such mechanical devices from the remains of the deceased prior to cremation and dispose of such items at it's discretion. I/We hereby certify that the remains **DO DO NOT (INITIAL ONE) CONTAIN ANY TYPE OF IMPLANTED MECHANICAL OR RADIOACTIVE DEVICES.** If implanted devices are not removed the devices will be destroyed and disposed of at the discretion of the crematory and will be unrecoverable. The cremation container containing the remains of the Deceased will be placed in the cremation chamber and will be totally and irreversibly destroyed by prolonged exposure to intense heat and flame. I/We authorize the crematory to open the cremation chamber during the cremation process and reposition the remains of the Deceased in order to facilitate a complete and thorough cremation. Certain items, including but limited to, body prostheses, dentures, jewelry, and other personal articles accompanying the remains of the Deceased will be destroyed during the cremation process. I/We further authorize that if any items, other than the cremated remains of the Deceased, are recovered from the cremation chamber they may be separated from the cremated remains of the Deceased and disposed of by the Crematory, and authorize the Crematory to separate and remove from the cremation chamber all noncombustible materials, including, but not limited to, hinges, jewelry, and to dispose of such materials. Following cremation, the cremated remains of the Deceased, consisting primarily of bone fragments, will be mechanically pulverized by processing to an unidentifiable consistency prior to placement in an urn or other temporary container. A person having the right to control disposition of cremated remains may remove the remains in a durable container from the place of cremation or interment, pursuant to Section 7054.6 of the Health and Safety Code.

Unless an urn or container suitable for shipment is purchased, the crematory will place the cremated remains of the Deceased in a temporary container. If the cremated remains container cannot accommodate all of the remains of the Deceased, the crematory shall provide a larger cremated remains container at no additional cost, or place the excess in a secondary temporary container that cannot easily come apart from the first, pursuant to Section 8345 of the Health and Safety Code. The human body burns with the casket, container or other material in the cremation chamber. Some bone fragments are not combustible at the incineration temperature and , as a result, remain in the cremation chamber. During the cremation, the contents of the chamber may be moved to facilitate incineration. The chamber is composed of ceramic or other material, which disintegrates slightly during each cremation, and the product of that disintegration is commingled with the cremated remains. Nearly all of the contents of the cremation chamber, consisting of the cremated remains, disintegrated chamber material, and small amounts of residue from previous cremations, are removed together and crushed, pulverized, or ground to facilitate inurnment or scattering. Some residue remains in the cracks and uneven places of the chamber. Periodically, the accumulation of this residue is removed and interred in a dedicated cemetery property, or scattered at sea. The cremation processing of the remains of the Deceased will not be performed in accordance with any particular religious or ethnic customs. In the event the cremated remains of Deceased remain unclaimed for a period of 30 days, the Authorizing Authority will be notified by certified mail at the address indicated on this Authorization. In the event the cremated remains of the Deceased remain unclaimed for a period of sixty days after the date such written notification is mailed, the crematory and/or funeral home is authorized and directed to dispose of the unclaimed cremated remains of the deceased in any lawful manner it may deem appropriate. I/ We agree to indemnify, release and hold the Crematory, Funeral Home, their affiliates, agents, employees and assigns, harmless from any and all loss, damages, liability or causes of action (including attorney's fee and expenses of litigation) in connection with the cremation and disposition of the cremated remains of the Deceased, as authorized herein, or my/our failure to correctly identify the remains of the Deceased, disclose the presence of any implanted mechanical or radioactive devices. Except as set forth in this Authorization, no warranties, expressed or implied, are made by the Funeral Home, Crematory or any of their respective affiliates, agents or employees.

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

Name \_\_\_\_\_ Signature \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

**Witness Name** \_\_\_\_\_ **Witness Signature** \_\_\_\_\_ **Date** \_\_\_\_\_