

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 CR131

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 _____ (hereinafter referred to as the deceased) Address _____

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; initialing "no" below will authorize immediate cremation without an opportunity to view the deceased prior to cremation and this option is permanent and irreversible

Viewing Before Cremation (initial one) charges apply Yes _____ -or- No _____

Funeral Home to Complete

Viewing Date _____ **Time** _____ **Place** _____

Special handling/other (Specify)

Description of Urn or Container Selected: Free Cardboard container unless urn is purchased (See Statement of Goods and Services Selected)

Initial One Below

_____ Deliver to (Name and Address of Cemetery) – Fee Applies _____

_____ List persons authorized to pickup remains. List 2 full names and numbers. You must have state or federal ID at the time of pickup.

_____ Scattering at sea by Funeral Home or Funeral Home's agent not witnessed – Fee Applies

_____ Ship Via Express USPS Mail– Fee Applies – to (Name) _____

Address _____ Phone _____

Initial One Below

_____ Self

_____ Other authorized representative. (Attached copy of Power of Attorney for Health Care, Will, or Relinquishment of Rights)

_____ Surviving competent spouse

_____ Surviving competent State Registered Domestic Partner

_____ I am the sole surviving competent adult child of the deceased. No spouse or SRDP is surviving.

_____ We represent the majority of the # _____ surviving competent adult children. No spouse or SRDP is surviving.

_____ I/We am/are the # _____ surviving competent adult child/children of the deceased and have used reasonable efforts to notify all other surviving competent 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. No Spouse or SRDP is surviving.

_____ I/We am/are the # _____ competent person(s) respectively in the next degrees of kindred and accept all responsibility for cremation & disposition of the deceased; none of the aforementioned are surviving.

(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 deceased.

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 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, its agents and employees, to remove any such mechanical devices from the remains of the deceased prior to cremation, and dispose of such items at its discretion. I/We hereby certify that the remains

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 not 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, the Crematory is authorized to separate and remove from the cremation chamber all noncombustible materials, including, but not limited to, hinges or jewelry, and to dispose of such materials. In the event that any mechanical devices, such as pain pumps, pacemakers, and the like are removed from the deceased by the Crematory you may request that said device(s) be delivered to an organization which utilizes such devices for research, but no such devices shall be returned to the family or next of kin of the deceased due to biohazard risks of lay persons handling such a device(s).

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Name of Deceased

Should you wish any such medical device (s) be sent to any research or other medical organization, please list the device and the name of the medical organization below AND provide a container suitable for shipping with prepaid postage within 10 days following cremation. If you fail to list any device handling requests herein, all devices will be disposed of as medical waste. If you fail to provide a container suitable for shipping with prepaid postage to the crematory within 10 days of cremation, the crematory is hereby authorized to dispose of any device(s). Device _____ Name, Address, & Phone Number of Organization: _____

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 the cremated remains of the Deceased, the crematory shall provide a larger cremated remains container at no additional cost, or place the excess in a second container that cannot easily come apart from the first, pursuant to Section 8345 of the Health and Safety Code and returned together with the primary urn or temporary container. 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. In the event that we provide any mementos of the deceased such as thumbprints, strands of hair or the like, we make no representation as to the purity of any biological material or the appropriateness of use for any medical or forensic purpose. 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 60 days after the date such written notification is mailed, the crematory is authorized and direct 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. Any intentional or negligent misrepresentation made by any of the undersigned in connection with the cremation and disposition of the cremated remains of the deceased 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 _____

Witness Name _____ Signature _____ Date _____

*Name _____ Signature _____ Relationship _____

Address _____ Phone _____ Date _____

Witness Name _____ Signature _____ Date _____

*Name _____ Signature _____ Relationship _____

Address _____ Phone _____ Date _____

Witness Name _____ Signature _____ Date _____

*Name _____ Signature _____ Relationship _____

Address _____ Phone _____ Date _____

Witness Name _____ Signature _____ Date _____