

AUTHORIZATION FOR CREMATION AND DISPOSITION

(Arizona)

ID # _____

I/We, the undersigned (the Authorizing Agent), certify, warrant and represent that I/we have full legal right and authority to authorize the cremation, processing and final disposition of the remains of _____ (Deceased) who died on _____

The surviving family (and representatives) of the decedent are:

SPOUSE: _____

CHILDREN: _____

PARENTS: _____

SIBLINGS: _____

OTHER: _____

LEGAL GUARDIAN: _____

There are no other living persons who have a superior or equal right to act as the Authorizing Agent, or alternatively the following persons do have a superior or equal right and I/we have made all reasonable efforts to contact them without success and have no reason to believe they would object to the cremation: _____

I/We hereby request and authorize, _____ (hereinafter referred to as the "Funeral Home") to take possession of and make arrangement for the cremation of the remains of the Deceased at _____ (name of Crematory), (hereinafter referred to as the "Crematory").

The following items (valuables) need to return to the authorizing agent prior to cremation: _____

A viewing and/or service will take place before the cremation Yes No, if Yes _____ (date) _____ (time)

I/We authorize the Crematory to release 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:

Is special handling required? Yes No Describe _____

Description of container to be cremated: _____

Description of urn or container selected: _____ Suitable for shipping: Yes No

- Deliver to _____
- Release to family / Representative _____
- Scattering at sea by Funeral Home or Funeral Home's agent
- Ship via **U.S. Registered Mail** to _____
- Other _____

***Funeral Home and Crematory are not responsible for any loss or damage of cremated remains shipped via Registered Mail with U.S. Postal Service.**

The cremation processing and disposition of the remains of the Deceased authorized herein shall be performed in accordance with all the governing laws, the rules, regulations and policies of the Crematory and Funeral Home, and the following terms and conditions:

1. The remains of the Deceased will not be accepted for cremation unless received by the Crematory in a combustible, leak resistant, rigid cremation container. The Crematory is authorized to remove and dispose of handles, ornaments and any other noncombustible items attached to the cremation container prior to cremation. In the event the remains of the Deceased are received by the Crematory in a casket or other container constructed of metal, fiberglass, or other noncombustible material I/we authorize the remains of the Deceased to be removed prior to cremation and placed in a combustible cremation container. I/we further authorize the Funeral Home or Crematory to make disposition of any such noncombustible casket in any lawful manner it deems appropriate.
2. 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. The Crematory will not cremate any human remains which contain any type of implanted mechanical or radioactive devices. In the event the remains of the Deceased contains 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.

3. I/We hereby certify that the remains of the deceased do do not contain any type of implanted mechanical or radioactive device. Listed below are all implanted mechanical and radioactive devices which the Funeral Home is authorized to remove from the remains of the Deceased prior to cremation, and dispose of as indicated: _____

Device:	Disposition:

If no instruction for disposition is given, such items may be disposed of at the discretion of the Funeral Home.

I HAVE READ AND SIGNED "Implant Recycling LLC" acknowledgment. If no instruction for disposition is given, such items may be disposed of at the discretion of the Funeral Home. Not applicable.

4. 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 direct 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.
5. Certain items, including, but not limited to, body prostheses, dentures, dental bridgework, dental fillings, jewelry, and other personal articles accompanying the remains of the Deceased, may 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.
6. I/We hereby authorize the Crematory to separate and remove from the cremation chamber all noncombustible materials, including, but not limited to, hinges, latches, nails, jewelry and precious metals, and to dispose of such materials.
7. Following cremation, the cremated remains of the Deceased, consisting primarily of bone fragments, will be mechanically pulverized to an unidentifiable consistency prior to placement in an urn or other container.
8. Unless an urn or container suitable for shipment is purchased, the Crematory will place the cremated remains of the Deceased in a container which is not designed for any type of shipment.
9. In the event the urn or container is insufficient to accommodate all of the cremated remains of the Deceased, any excess cremated remains will be placed in a secondary container and returned to the Funeral Home, together with the primary urn or container.
10. I/We understand and acknowledge, that even with the exercise of reasonable care and the use of the Crematory's best efforts, it is not possible to recover all particles of the cremated remains of the Deceased, and that some particles may inadvertently become commingled with particles of other cremated remains remaining in the cremation chamber and / or other devices utilized to process cremated remains. I/We hereby authorize the Crematory to dispose of any such residual particles in any lawful manner it deems appropriate.
11. Unless I/We give specific written instructions in this Authorization, the cremation, processing and disposition of the remains of the Deceased will not be performed in accordance with any religious or ethnic customs.
12. In the event the cremated remains of the Deceased remain unclaimed for a period of 30 days, the Funeral Home will send written notice to me/us at the address(es) indicated below or at my/our last known address(es). I/We agree that in the event the cremated remains of the Deceased remain unclaimed 90 days after the written notification is sent or delivered, the Funeral Home may dispose of the unclaimed cremated remains of the Deceased in any legal manner it may deem appropriate.
13. I/We agree to indemnify, release and hold the crematory, Funeral Home, their affiliates, 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 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, or take possession of, or make permanent arrangements for, the disposition of such remains.
14. 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.
15. I/We understand that this document does not contain a complete and detailed description of every aspect of the cremation process.

SIGNATURE OF PERSON(S) AUTHORIZING CREMATION AND DISPOSITION

I/We warrant that all representations and statements made herein are true and correct, and that I/We have read and understand the provisions contained in this document.

1. Signed: **X** _____ Relationship: _____

Address: _____ Telephone: _____

2. Signed: _____ Relationship: _____

Address: _____ Telephone: _____

Witness Signature **X** _____ Print Name _____ Date _____

Name & Address of Funeral Home _____