

JEFFERSON FUNERAL CHAPEL

AUTHORIZATION FOR CREMATION

The undersigned "Authorizing Agent" hereby authorize(s) and request(s) Jefferson Funeral Chapel, in accordance with and subject to its rules and regulations, and any applicable state or local laws or regulations, to cremate the remains of _____ who died on the _____ day of _____ 20__ at _____ and arrange for the final disposition of the cremated remains as set forth below.

I (we) the undersigned, hereby certify that I (we) am/are the closest of kin to the decedent and that I am related to the decedent as his/her _____ or that I otherwise serve in the capacity of legal next of kin for the decedent, that I have charge of the decedent and as such possess full legal authority and power to execute the authorization form and to arrange for the cremation and disposition of the cremated remains of the decedent. In addition, I am aware of no objection by any spouse, child, parent or sibling.

The remains of the deceased will not be accepted by Jefferson Funeral Chapel without proper identification. The Crematory requires the above named deceased to be received in a combustible cremation container. Remains received in a noncombustible container will be removed prior to cremation and the container destroyed in a manner set forth by the Crematory. The authorizing agent(s) hereby direct Jefferson Funeral Chapel to use/supply the following type of cremation container for the above named deceased: _____ cremation container.

The undersigned understands 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. The undersigned certify that all personal effects, including but not limited to clothing, jewelry, precious metals and other items of a personal nature have been removed prior to the delivery of the remains to Crematory . Such items that are to be removed are _____.

Cremated remains consist primarily of bone fragments which are reduced to permit their placement in an urn or other suitable container. The undersigned understand(s) that, even with the exercise of reasonable care and the use of its best efforts, the Crematory may not be able to recover all the particles of the cremated remains of the deceased and that some particles may inadvertently become commingled with particles of other cremated remains. The undersigned expressly authorize(s) the incidental or inadvertent commingling of particles of cremated remains either in the cremation changer or the device used to reduce the cremated remains. The Crematory will make all reasonable efforts to remove all metallic objects from the cremated remains; but even with reasonable care some metallic particles may not be removed.

We hereby certify that the remains of the deceased contain the following implanted and/or radioactive device(s) and expressly authorize Jefferson Funeral Chapel, its agent(s) to remove these devices prior to cremation and dispose of in a manner set forth by Jefferson Funeral Chapel or the Crematory:

(Devices)

(Disposition)

The obligation of the Crematory shall be limited to the cremation of the deceased and the disposition of the cremated remains. As Authorizing Agent, I/We hereby agree to indemnify, defend and hold harmless Jefferson Funeral Chapel and Crematory, their officers, agents, and employees, of and from any and all claims, demands, causes of action, and suits of every kind, nature and description, in law or equity, including any legal fees, costs and expenses of litigation arising as a result of, based upon or connected with this authorization, including failure to properly identify the decedent, the processing, shipping and final disposition of the decedent's cremated remains, the failure to take possession or make proper arrangements for the final disposition of the cremated remains, any claims brought by any other person(s) claiming the right to control the disposition of the decedent or the decedent's cremated remains, or any action performed by Jefferson Funeral Chapel and Crematory, their officers, agents, or employees, pursuant to this authorization, excepting only act of willful negligence.

I/We as the authorizing agent(s), hereby direct Jefferson Funeral Chapel to commence with the cremation process of the above named deceased as soon as practicable after all legal requirements for the cremation have been fulfilled and executed or as hereby indicated: _____

Authorization for Release/Disposition of Cremated Remains

I/We hereby authorize Jefferson Funeral Chapel to arrange for the release/disposition of the cremated remains of the deceased as follows:

___ Place in urn. Description of urn/container selected: _____
 ___ Release to: _____
 (Name of individual(s) to receive cremated remains.)
 ___ Deliver to: _____
 (Name of recipient and address to which cremated remains are to be delivered.)

Funeral home will not mail cremated remains, but as a convenience to family, however funeral home will prepare proper packaging for family to arrange third party shipment.

Jefferson Funeral Chapel is not responsible for any loss or damage of/to the cremated remains or urn/container shipped via any third party carrier (such as US Mail, FedEx, UPS, air cargo, etc.).

SIGNATURE OF AUTHORIZING AGENT:

***Note:** This is a legal document. It contains important provisions concerning cremation. By executing this Cremation Authorization as Authorizing Agent(s), the undersigned warrant(s) that all representations and statements contained on and in this authorization are true and correct, that these statements were made to induce Jefferson Funeral Chapel and Metropolitan Crematory to cremate the human remains of the decedent, that the undersigned have all legal rights to make this authorizations under current laws in the state in which the authorization was executed, and that the undersigned have read and understand the provisions on this form.

 Legal Signature

 Printed Name

 Address

 Relationship

 Legal Signature

 Printed Name

 Address

 Relationship

 Notary:

 Name

 Address

 Date

Seal Area (Use below)

Witness for Funeral Home: _____