

CREMATION AUTHORIZATION AND DISPOSITION

Cremation Society.com 27784 Highway 74 East Romoland, CA 92585

No cremation or interment shall take place until a written authorization along with a completed Application and Permit for Disposition of Human Remains signed by the authorized representative(s) of the deceased have been given to the funeral home.

The undersigned requests and authorizes the funeral home in accordance with and subject to its rules and applicable laws, to cremate and process in a manner suitable for interment the remains of:

I/we represent and warrant to you that I/we am/are the person(s) having the right to control the disposition of remains of the decedent.
I/we have the right because I/we am/are: (initial one)

_____ Self

_____ Other Name: _____ Relationship to decedent: _____

Please print the name of the person who has right to control disposition, Section 7100 Health and Safety, if more than one person please identify on each cremation authorization using sequential numbers

I/we authorize disposition of the cremated remains by: (initial all that apply)

_____ Interment in a cemetery plot _____ Releasing to family

_____ Placement in columbarium niche _____ Other: _____

I/we expressly give permission for:

1) The processing of the cremated remains so that they are suitable for inurnment within a cremated remains container (Section 7054.1, California Health and Safety Code).

2) I/we here acknowledge that jewelry will not be cremated and will be placed in the urn after cremation (if the items do not fit , they will then be returned to the authorizing agent) If the authorizing agent chooses for the jewelry to be cremated it must be in written consent by them.

3) I/we understand that any jewelry, mementos, dental appliances or dental gold/silver, prostheses, and any other foreign materials may be destroyed during the cremation process and may not be recoverable. (Section 7051, Health & Safety Code). If any such items are recovered, I authorize their disposal.

4) The Crematory shall accept only those human remains which are in a cremation container, as defined, which is labeled with the identity of the decedent (Section 8345.5. Health & Safety Code).

5) The crematory will accept for cremation only those caskets or containers which meet the definition of a cremation container as defined in Section 7006.5, Health & Safety Code.

6) In the event of there being more cremated remains than the container provided, or the urn which I/we have chosen, will hold, I/we direct the funeral home to place the balance of the cremated remains in a secondary container and have it attached to the primary container in accordance with Section 8345, Health & Safety Code.

7) The Crematory will not cremate any human remains which contain any type of implanted pacemaker, mechanical, or radioactive. 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 the cremation, and dispose of such items in any lawful manner it deems appropriate.

8) Has the deceased been treated with therapeutic radionuclides? Yes No If yes, when was the treatment administered _____ (date)?

Listed below are all implanted mechanical or radioactive which the Funeral Home is authorized to remove from the remains of the Deceased prior or after cremation. and dispose of as indicated:

Description of implanted device (s) Please include all surgically implanted devices, if there are not any please indicate with Not Applicable

_____ Family Initials _____ I have instructed the funeral home to remove or arrange for the removal of these devices and to properly dispose of them prior or after cremation. If the device or implant is recycled, I understand and accept the recycler may derive a financial benefit. Furthermore, most material not natural to the human body will be separated in the processing phase following the cremation and recycled or disposed of and is done so without financial gain to the crematory or funeral home. Because we are sometimes asked , dental gold is a mixture of gold and other metals - and melts at a temperature lower than the usual temperature of cremation, making it virtually unrecoverable. Any payment for recycled material, such as a hip or knee prostheses, may be donated to an organization that supports grieving people or those coping with the end of life.

I/we further acknowledge that "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". (Section 7054.7, California Health & Safety Code.)

I/we warrant that all statements and representations are true and correct and that I/we have read and understand the provisions contained in this document. This is your authority to make disposition of the remains as above indicated, and I/we assume full responsibility for their identity whether or not I/we viewed the remains. In the event such remains have not been permanently interred or picked up by me or my agent designated for said purpose within one (1) year of the cremation date, The Funeral Home is authorized to inter or cause them to be interred at sea. I/we hereby agree to indemnify, release and hold the Crematory, Cemetery Authority, Funeral Home, their affiliates, agents, employees and assigns harmless from any and all loss, damages, liability or causes of action (including attorney's fees and expenses of litigation) in connection with the cremation and disposition of the cremated remains of the deceased.

"FOR MORE INFORMATION ON FUNERAL, CEMETERY, AND CREMATION MATTERS, CONTACT: DEPARTMENT OF CONSUMER AFFAIRS, CEMETERY AND FUNERAL BUREAU, 1625 N. Market Blvd., Suite S-208 Sacramento, CA 95834 916-574-7870

Executed at _____ this _____

Signature of person having legal right to control disposition of remains

Address _____

Funeral Director/ Funeral Counselor Signature

Funeral Director in Charge: _____ Cremation No. _____

Deceased Name : _____

Identification Disclaimer to be completed by Authorizing Agent

Cremation is an irreversible process. When the deceased is removed from the place of death, hospital, nursing home, coroner's , residence etc.. It is in the best interest of their family or authorized representative to ensure the correct identity of the deceased before the cremation process takes place. To ensure positive identity we require that the deceased be identified by one of four means. Please indicate the method of identification you will choose:

Viewing _____ Present at Removal _____ Waive Viewing Process _____

Physical Description _____

Mailing Authorization

Attention: _____

Phone Number : _____

Mail urn to address : _____

Mailing Instructions and authorization I hereby authorize the funeral home to deliver or ship the cremated body of the above named deceased as instructed below (All urns will be mailed through the United States Postal Service, Certified, Registered mail ; I am aware it will take 3-5 business days once the urn has been placed into the care of the postal service.) I assume all liability for any damages that may arise from any cause growing out of said delivery or shipment thereof; and release the funeral home from all liability that may attach there to by reason of said delivery or shipment.

Family Initials _____

Rental Casket Disclaimer

The rental casket is designed to be reused, and may have been used previously. The casket insert is replaced after each use. The rental casket consist of two units: an outer shell and an inner unit. The decedent is placed in the inner unit only. At the conclusion of viewing and/or funeral services, the decedent along with the inner unit will then be transported to the crematory for cremation. The outer shell will remain the property of the funeral home.

By signing below, I/we acknowledge the above statement and do not object to the previous use or reuse of the rental casket.

Purchaser/Renter _____ Date: _____

Family Urn Disclaimer

Cremation Society.com
However, please bear the following in mind:

is happy to accommodate your decision to use an urn which you have obtained from a third party.

Urn Requirements & Approval

- Minimum 200 Cubic Inches in Capacity
- Container must be durable and able to seal (glass or clear containers are not recommended)
- Container must have a minimum opening of at least 2 inches in diameter.

_____ initial -All urns must be received and approved prior to the cremation being scheduled; you will be notified once cremation is scheduled.

PLEASE KNOW THAT CREMATION WILL NOT TAKE PLACE UNTIL THE URN YOU ARE PROVIDING HAS BEEN RECEIVED AT THE FUNERAL HOME.

The undersigned hereby assumes all risk and liability for any damages that may arise from any cause growing out of the use or shipment of the urn.

Cremation Society.com assumes no responsibility for breakage of the urn or leakage of the cremated remains placed in the urn.

I have read the above statement and understand the terms _____ Relationship _____

Service Information

Is any type of service to be held ? _____ Yes _____ No, ID at the Memorial Center _____ Yes _____ No

Traditional Prior to Cremation ? _____ Yes _____ No

Witness Cremation ? _____ Yes _____ No (if this is selected please complete the witness cremation form in Z drive)

Urn Present ? _____ Yes _____ No

Is the Funeral Home involved in the service? _____ Yes _____ No

When _____ Time _____ Where _____