

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.

I/We, the undersigned, certify, warrant and represent that I/we have full legal right and authority to authorize the cremation, processing and disposition of the remains of _____ (hereafter referred to as the "Decedent"). *Name of Decedent*

DATE OF DEATH: _____.

I/We hereby request and authorize LIFE TRIBUTES CREMATION CENTER to take possession of and make arrangements for the cremation of the Decedent at Desert Lawn Crematory, Kennewick, WA

Name of Funeral Home
Name of Crematorium

I/We authorize the Crematorium to return the cremated remains of the Decedent to the possession and custody of the Funeral Home. I/We understand that the services and obligations of the Crematorium shall be fulfilled when the cremated remains of the Decedent 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 Decedent as follows:

Description of Cremation Container: Deliver to: _____

_____ Release to: _____

Description of Urn: _____ Ship to: _____

_____ Other: _____

Suitable for Shipping? Yes No

Is special handling required? Yes No... Describe _____

Initials _____

ALL PACEMAKERS/RADIOACTIVE IMPLANTS MUST BE REMOVED PRIOR TO DELIVERING DECEDENT TO THE CREMATORIUM

Did the Decedent's remains contain a pacemaker, radioactive implant or other device that could be harmful to the Crematorium? Yes No

Initials _____

I/We have instructed the Funeral Home to remove or arrange for the removal of these devices and to properly dispose of them prior to transporting the Decedent to the Crematorium.

Initials _____

TIME OF CREMATION

The Crematorium is authorized to perform cremation upon receipt of the human remains, at its discretion, and according to its own time schedule, as work permits, without obtaining further authorization or instructions.

Initials _____

The Crematorium is authorized to perform cremation at or after the time indicated here:

Initials _____

AUTHORITY OF AUTHORIZING AGENT

I/We, the undersigned, hereby certify that I am (we are) the closest living next of kin of the Decedent and that I am (we are) related to the Decedent as his/her _____ or that I/we otherwise serve in the capacity of _____ to the Decedent, that I/we have charge of the remains of the Decedent and as such possess full legal authority and power, according to the laws of the State of Washington to execute this Authorization and to arrange for the cremation and disposition of the cremated remains of the Decedent.

Initials _____

LIMITATION OF LIABILITY

As the Authorizing Agent(s), I/we agree to indemnify, defend, and hold harmless the Crematorium, its officers, agents and employees, of and from any and all claims, demands, causes or 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, or based upon or connected to this Authorization, including the failure to properly identify the Decedent or the human remains transmitted to the Crematorium, the processing, shipping and final disposition of the Decedent's cremated remains, the failure to take possession of or make proper arrangements for the final disposition of the cremated remains, any damage due to harmful or explodable implants, claims brought by any other person(s) claiming the right to control the disposition of the Decedent's cremated remains, or any other action performed by the Crematorium, its officers, agents, or employees pursuant to this Authorization, excepting only acts of willful negligence. The obligations of the Crematorium shall be limited to the cremation of the Decedent and the disposition of the Decedent's cremated remains as authorized on the Authorization for Cremation and Disposition. No warranties, expressed or implied, are made and damages shall be limited to the amount of the cremation fee paid.

By executing this Cremation Authorization, as Authorizing Agent(s), the undersigned warrant that all representations and statements contained on this Authorization are true and correct, that these statements were made, without undue obligation by any spouse, child, parent, sibling or others, to induce the Crematorium to cremate the human remains of the Decedent, and that the undersigned have read and understand the provisions contained within this Authorization.

Initials _____

Executed at _____ this _____ day of _____, _____

NAME: _____ SIGNATURE: _____
RELATIONSHIP TO DECEDENT: _____

NAME: _____ SIGNATURE: _____
RELATIONSHIP TO DECEDENT: _____

NAME: _____ SIGNATURE: _____
RELATIONSHIP TO DECEDENT: _____

SIGNATURE OF WITNESS _____

CREMATORIUM POLICIES, PROCEDURES AND REQUIREMENTS

The cremation, processing and disposition of the remains of the Decedent shall be performed in accordance with all governing laws, and the policies, procedures and requirements of the Crematorium and the designated funeral home. This document describes many of the policies and requirements of the Crematorium and is incorporated in our Authorization for Cremation and Disposition. We strongly suggest that you take the time to read this document before executing the Authorization.

CREMATION CASKETS/CONTAINERS

The Crematorium may not accept metal caskets. All wooden caskets and alternative containers must meet the following standards:

- 1) Be composed of materials suitable for cremation;
- 2) Be able to be closed to provide a complete covering of the human remains;
- 3) Be resistant to leakage or spillage;
- 4) Be sufficient for handling with ease; and
- 5) Be able to provide protection for the health and safety of Crematorium procedures.

Many caskets that are comprised primarily of combustible material also contain some exterior parts, e.g. decorative handles or rails, that are not combustible and that may cause damage to the cremation equipment. The Crematorium, at its sole discretion, reserves the right to remove these noncombustible materials prior to cremation and to discard them with similar materials from other cremation and other refuse in a non-recoverable manner.

Initials _____

PACEMAKERS, PROSTHESES AND RADIOACTIVE DEVICES

Pacemakers and prostheses, as well as any mechanical or radioactive devices in the Decedent, may create a hazardous condition when placed in the cremation chamber. It is important that pacemakers and radioactive devices be removed prior to cremation. If the funeral home is not notified about such devices and implants, and not instructed to remove them, then the person(s) authorizing the cremation will be responsible for any damages caused to the Crematorium or personnel by such devices or implants.

Initials _____

THE CREMATION PROCESS

All cremations are performed individually. Exceptions are only made in case of close relatives, and then only with the Multiple Cremation Form being executed by the Authorizing Agent(s). The Decedent is wrapped in a clean sheet unless the family provides clothing.

Cremation is performed by placing the Decedent in a casket or other cremation container and then placing the casket/container into a cremation chamber where they will be totally and irreversibly destroyed by prolonged exposure to intense heat and direct flames. Through the use of a suitable fuel, incineration on the container and contents is accomplished and all substances are consumed or driven off, except bone fragments (calcium compounds) and metal (including dental gold or silver and other nonhuman materials) as the temperature is not sufficient to consume them.

Due to the nature of the cremation process any personal possessions or valuable materials, such as dental gold or jewelry (as well as any body prostheses or dental bridgework), that are left with the Decedent and not removed from the casket or container prior to cremation will be destroyed, or if not destroyed, will be disposed of by the Crematorium. As the casket or container will not normally be opened by the Crematorium personnel (to remove valuables, to allow for final viewing, or for any other reason), arrangements must be made with the funeral home to remove any such possessions or valuables prior to the time that the Decedent is transported to the Crematorium.

Personal Possessions: **Left with Decedent** _____ Initials _____
 Returned to Family _____ Initials _____

Following a cooling period the cremated remains are then swept from the cremation chamber. The Crematorium exercises reasonable care and effort to remove all of the cremated remains from the cremation chamber, but it is impossible to remove all of them, as some dust and other residue from the process are always left behind. In addition, while every effort will be made to avoid commingling, inadvertent or incidental commingling of minute particles of cremated remains from the residue of previous cremations is a possibility.

After the cremated remains are removed from the cremation chamber, all non-combustible materials (insofar as possible), such as personal effects, bridgework, and materials from the casket or container (hinges, latches, nails, etc.) will be separated and removed from the human bone fragments by visible or magnetic selection and will be disposed of by the Crematorium with similar materials from other cremations in a nonrecoverable manner. The cremated remains often contain recognizable bone fragments. Unless otherwise specified, after these bone fragments have been separated from the other materials, they will be mechanically processed to reduce them to granulated particles of unidentifiable dimensions which are virtually unrecognizable as human remains.

Initials _____

URNS/CONTAINERS

After the cremated remains have been processed, they will be placed in the designated urn or container. The Crematorium will make a reasonable effort to put all of the cremated remains in the urn or container, with the exception of dust or other residue that may remain on the processing equipment. These cremated remains usually weigh several pounds and measure in excess of 160 cubic inches. In the event that the urn or container provided is insufficient to accommodate all of the cremated remains, the excess will be placed in a separate receptacle. The separate receptacle will be kept with the primary receptacle and handled according to the disposition instructions on the Authorization for Cremation and Disposition.

Initials _____

FINAL DISPOSITION

Cremation is NOT final disposition nor is placing the cremated remains in storage at the funeral home final disposition. The cremation process simply reduces the Decedent body to cremated remains. Some provisions must be made for the final disposition of these cremated remains. Therefore, the Crematorium strongly suggests that arrangements for final disposition be made at the time that the cremation arrangements are made and that the Authorization for Cremation and Disposition is completed.

Initials _____

ADVANCE PLANNING FOR CREMATION ARRANGEMENTS

IF THIS AUTHORIZATION FORM IS BEING EXECUTED BY A PERSON ARRANGING THEIR OWN CREMATION ON A PRE-NEED BASIS, THEN ONE OF THE FOLLOWING PARAGRAPHS MUST BE CHECKED AND THE DESIGNATED PARTIES NAMED.

- I DO NOT WISH** to allow ANY of my survivors the option of cancelling my cremation and selecting alternative arrangements, regardless of whether my survivors deem a change to be appropriate. Initials _____
- I DO WISH** to allow ONLY the survivors whom I have designated below the option of canceling my cremation and selecting alternative arrangements if they deem a change is appropriate.
- DESIGNATED PARTIES:** _____ Initials _____

RECEIPT OF CREMATED REMAINS

I hereby verify that I, _____, have received the cremated remains of _____

(Print Name)

_____ on _____ to care for as the family wishes and according to the

(Name of Decedent)

(Date)

disposition instructions of the person(s) authorizing this cremation.

(Signature)

