



CREMATION AUTHORIZATION

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Date: _____

I (we) the undersigned (the "Authorizing Agent(s)") hereby authorize and request the Crematory, in accordance with and subject to its rules and regulations and all applicable state or local regulations, to cremate the human remains

of _____

(the "decedent") who died at _____

Date of Birth: _____ **Date of Death:** _____

AUTHORITY I (we) hereby swear and affirm under penalty of perjury that to the best of my (our) knowledge there is no other person having a prior right to give this authorization under RCW 68.50.160, 68.50.170, and to control the remains of the above named decedent. Initials _____

IDENTITY I (we) acknowledge that cremation is an irreversible act and that positive identification has been determined under RCW 68.50.170: *Effects of authorization. Any person signing any authorization for the interment or cremation of any remains warrants the truthfulness of any fact set forth in the authorization, the identity of the person whose remains are sought to be interred or cremated, and his authority to order the interments or cremation. He is personally liable for all damage occasioned by or resulting from breach of such warranty.* Initials _____

NOTICE Heart pacemakers, prosthesis, silicon and radioactive producing implant devices or other life sustaining devices may cause an explosion or damage in the cremation chamber. If there are such devices implanted, permission is given to the Funeral Home to remove them. If the Crematory does not receive notice, the person(s) authorizing cremation shall be held responsible for any damage resulting thereof. The Funeral Home and Crematory shall accept NO liability under these circumstances. Items: _____. Cremation caskets may be modified to adhere to ORCAA guidelines or to ensure the safety of Funeral Home employees and equipment (such as removal of metal fixtures, interior metals, excess glues and lacquer coating). Initials _____

PERSONAL EFFECTS I (we) authorize the Funeral Home and/or the Crematory to follow these instructions regarding personal effects:

EXECUTION OF AUTHORIZATION By executing this Cremation Authorization as Authorizing Agent(s), the undersigned warrant(s) that all representations and statements contained on this form are true and correct, that these statements were made in good faith to facilitate the cremation of the decedent, and that the undersigned has (have) read and understand(s) the provisions contained within this document. Initials _____

Number of Next-of-Kin signatures required before cremation _____

Signature _____

Print Name/Relationship _____

Signature _____

Print Name/Relationship _____

Signature _____

Print Name/Relationship _____

Witness _____

Print Name/Relationship _____

Funeral Director _____

Container Description _____

Urn Description _____

CREMATION DISCLOSURE All cremations are performed individually. Cremation is performed by placing the body, which must be in a leak resistant, rigid cremation container or prepared hardwood casket, within the cremation chamber where the temperature is raised to approximately 1100 to 1800 degrees Fahrenheit, and the body will be totally and irreversibly destroyed by prolonged exposure to intense heat and direct flame. Upon completion of this cycle, all substances are consumed or driven off, except bone fragments, other materials, metals, etc., which are then swept from the chamber. All metal, prosthesis, joint replacements, surgical pins, dental metals, etc. will be recycled with 100% of proceeds being donated to a local charity of the Funeral Home's choosing. A list of those charities are available upon request. If desired, retrieval of dental metals must be done before the cremation by a dentist of the family's choosing and at their expense. Retrieval of dental metals may not be possible after the cremation process. The cremated remains are then mechanically processed. Once processed, the cremated remains are then encased in the specified urn. The Crematory makes a prudent effort to remove and recover all of the cremated remains from the crematory chamber, processing equipment and other tools or containers. Initials _____

LIMITATION OF LIABILITY As the Authorizing Agent(s), I (we) hereby agree to indemnify, defend, and hold harmless the Funeral Home and Crematory, their officers, agents, and employees, of and from any and all claims, demands, causes, or causes of action, and suits of any kind, nature or description, in law or equity, including any legal fees, costs or expenses of litigation, among as a result of, based upon or connected with this authorization, including the failure to properly identify the decedent or human remains transferred to the Crematory, the processing, shipping and final disposition of the decedent's remains, any damage due to harmful or explodable implants, claims brought by any other person(s) claiming the right to control the cremation or disposition of the decedent or the decedent's cremated remains, or any other action performed by the Funeral Home or Crematory, their officers, agents or employees, pursuant to this Authorization, excepting only acts of willful negligence. If disposition of the cremated remains or property is still undetermined or if they remain unclaimed beyond thirty (30) days, I (we) authorize the Funeral Home and/or the Crematory to dispose of them in any lawful manner they designate. Initials _____

SHIPPING If cremated remains are to be shipped, they must be sent by U.S.P.S. Priority Mail Express to an address within the U.S. The Crematory and the Funeral Home are not responsible for any loss or delay of cremated remains by the U.S. Postal Service. Initials _____

VIEWING: YES NO DNA: YES NO PLEASE CIRCLE

DISPOSITION RECORD OF CREMATED REMAINS

A. DELIVERY OR MAIL TO CEMETERY/MEMORIAL PARK

Designation _____

Delivered by _____ Date _____

Received by _____ Date _____

B. RETAINED BY FAMILY

The family may designate a particular individual that is authorized to pick up the cremated remains after the cremation has been completed. This person will be:

Printed Name(s) _____

Relation _____ Phone _____

The following individual has received the cremated remains from either the Crematory or their designated Funeral Home:

Signature _____

Printed Name _____

Relation _____ Date _____

C. OTHER DISPOSITION DETAILS OR SPECIAL CONSIDERATIONS
