

A Better Place
Funeral & Cremation Services
303-657-5989

AUTHORIZATION FOR CREMATION

Name of Crematory Establishment _____

I, the undersigned, do hereby authorize the crematory and funeral establishments name above to cremate
The remains of:

Name of person to be cremated

INITIAL

I hereby certify that I am the person with the right to control disposition of the last remains of the decedent under state law and that I have the legal right to authorize this cremation and the disposal of the cremated remains. I understand that due to the nature of the cremation process any VALUABLE METAL, including dental gold, will either be destroyed or will not be recoverable, any personal possessions accordingly have either been removed or may be destroyed. I further agree that I will indemnify and hold harmless the Crematory and Funeral Director, their officers and employees from any liability, costs, expense or claims resulting from this authorization.

I request that following the cremation, the FUNERAL HOME make disposition of the cremated remains as follows:

No, the deceased HAS NOT been treated with therapeutic radionuclides.

INITIAL

If YES, when was the last treatment administered? _____

INITIAL

I further state that the deceased has not had a heart PACEMAKER, radiation producing implant device, nor any other life sustaining device implanted that could be explosive. If such a device exists, I have instructed the Funeral Director or others to remove it before cremation. I further agree that, in the event of my failure to notify the Funeral Director or others responsible for the removal of such device, I will be liable for any damages to the crematorium or injury to the crematorium personnel.

Signature _____ Date _____

Relationship to deceased _____ Telephone Number _____

Address _____ City _____ State _____ Zip _____

Signature _____ Statutory Right to Control Disposition _____

Signature _____ Statutory Right to Control Disposition _____

Signature _____ Statutory Right to Control Disposition _____

WITNESS

Signature _____ Name (Please Print) _____

Address _____