

AUTHORIZATION FOR CREMATION AND DISPOSITION

cremation no. _____

I/We, the undersigned, certify, warrant and represent that I/We have full legal right and authority, and know of no living person who has a superior priority right under state law, to authorize the cremation, processing and disposition of the remains of _____ (name of Deceased), (hereinafter referred to as the "Deceased"). Date of death _____ I/We hereby request and authorize ROCHESTER CREMATION SERVICES (hereinafter referred to as the "Funeral Home") to take possession of and make arrangement for the cremation of the remains of the Deceased at (Ranfranz & Vine Crematory), (hereinafter referred to as the "Crematory"). I/We authorize the Crematory to release the cremated remains of the Deceased to the possession and custody of the Funeral Home. I/We understand that the services and obligations of the Crematory shall be fulfilled when the cremated remains of the deceased 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 Deceased as follow:

- Description of urn or container selected: _____
 Deliver to _____
 Release to family / Representative _____
 Scatter remains by funeral home or funeral home's agent _____
 Ship via U.S. Registered Mail * _____
To _____ Address _____
 Other ROCHESTER CREMATION SERVICES #1056

*Funeral Home and Crematory are not responsible for any loss or damage of cremated remains shipped via Registered Mail with U.S. Postal Service. The cremation processing and disposition of the remains of the Deceased authorized herein shall be performed in accordance with all the governing laws, the rules, regulations and policies of the Crematory and Funeral Home, and the following terms and conditions:

- 1. The remains of the Deceased will not be accepted for cremation unless received by the Crematory in a combustible, leak resistant, rigid cremation container. The Crematory is authorized to remove and dispose of handles, ornaments and any other noncombustible items attached to the cremation container prior to cremation. In the event the remains of the Deceased are received by the Crematory in a casket or other container constructed of metal, fiberglass, or other noncombustible material I/We authorize the remains of the Deceased to be removed prior to cremation and placed in a combustible cremation container. I/we further authorize the Funeral Home or Crematory to make disposition of any such noncombustible casket in any lawful manner it deems appropriate.
2. Mechanical or radioactive devices implanted in the remains of the deceased (such as pacemakers, etc) may create a hazard when placed in the cremation chamber. The Crematory will not cremate any human remains, which contain any type of implanted mechanical or radioactive devices. In the event the remains of the Deceased contains 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 cremation, and dispose of such items at its direction. I/We hereby certify that the remains of the deceased does _____ does not _____ contain any type of implanted mechanical or radioactive device. Listed below are all implanted mechanical and radioactive devices that the Funeral Home is authorized to remove from the remains of the Deceased prior to cremation, and dispose of as indicated:

(Device) _____ (Disposition) _____

If no instruction for disposition is given, such items may be disposed of at the discretion of the Funeral Home.

- 3. The cremation container containing the remains of the Deceased will be placed in the creation chamber and will be totally and irreversibly destroyed by prolonged exposure to intense heat and direct flame. I/We authorize the Crematory to open the cremation chamber during the cremation process and reposition the remains of the Deceased in order to facilitate a complete and thorough cremation.
4. Certain items, including, but not limited to, body prostheses, dentures, dental bridgework, dental fillings, jewelry, and other personal articles accompanying the remains of the Deceased, may be destroyed during the cremation process. I/We further authorize that if any items, other than the cremated remains of the deceased, are removed from the cremation chamber, they may be separated from the cremated remains of the Deceased and dispose of by the Crematory.
5. I/We understand and acknowledge, that even with the exercise of reasonable care and the use of the Crematory's best efforts, it is not possible to recover all particles of the cremated remains of the Deceased, and that some particles may inadvertently become commingled with particles of other cremated remains remaining in the cremation chamber and / or other devices utilized to process cremated remains. I/We hereby authorize the Crematory to dispose of any such residual particles in any lawful manner it deems appropriate.
6. I/We hereby authorize the Crematory to separate and remove from the cremation chamber all noncombustible materials, including, but not limited to, hinges, latches, nails, jewelry and precious metals, and to dispose of such materials.
7. Following cremation, the cremated remains of the Deceased, consisting primarily of bone fragments, will be mechanically pulverized to an unidentifiable consistency prior to placement in the urn or other container.
8. In the event the cremated remains of the Deceased remain unclaimed for a period of 30 days, the Funeral Home shall give written notice to me / us by certified mail at the address(es) indicated below. In the event the cremated remains of the Deceased remains unclaimed, the Funeral Home is authorized and directed to dispose of the unclaimed cremated remains of the Deceased in any lawful manner it may deem appropriate.
9. I/We agree to indemnify, release and hold the crematory, Funeral Home, their affiliates, employees and assigns, harmless from, any and all loss, damages, liability or causes of action (including attorneys' fees and expenses of litigation) in connection with the cremation and disposition of the cremated remains of the Deceased, as authorized herein, or my / our failure to correctly identify the remains of the deceased, disclose the presence of any implanted mechanical or radioactive devices, or take possession of, or make permanent arrangements for, the disposition of such remains.
10. I/We understand that this document does not contain a complete and detailed description of every aspect of the cremation process.

SIGNATURE OF PERSON(S) AUTHORIZING CREMATION AND DISPOSITION

I/We warrant that all representations and statements made herein are true and correct, and that I/We have read and understand the provisions contained in this document.

Signature of Funeral Director _____ Print Name Michael D. Johnson Date _____

Signature _____ Print Name _____ Relationship _____

Address _____ Date _____ Tel. No. _____

Witness Signature _____ Print Name _____ Date _____

No one to View X _____