



AUTHORITY TO CREMATE AND ORDER FOR DISPOSITION

I(We), the undersigned (the "Authorizing Agent(s)"), hereby request and authorize Myers Mortuary, (hereinafter referred to as "Funeral Home") and Myers Crematory, (hereinafter referred to as the "Crematory") to take possession of and make arrangements for the cremation of and the final disposition of the Decedent named below (the "Decedent") in accordance with and subject to the provisions set forth on the front and reverse sides of this document, and in accordance with and subject to their rules and regulations, and any applicable state/provincial or local laws or regulations.

Name of Deceased: _____ Sex _____ Age _____

Date of Death: _____ Time of Death: _____ Place of Death: _____

Funeral Director in Charge: _____

Mechanical, radioactive devices or implants in the Decedent may create a hazardous condition when placed in the cremation chamber. All pacemakers and radioactive implants must be removed prior to delivery of the Decedent to the Crematory.

Does the decedent's remains contain any such devices? YES / NO – If yes, please list devices which should be removed prior to cremation.

I understand that if the Funeral Home has not been notified about such devices or implants, and not instructed to remove them, that I/We are responsible for any damages caused to the Crematory or crematory personnel by such implants or devices.

CREMATION INFORMATION

Cremation will take place after any scheduled ceremonies or viewing have been completed, civic and medical authorities have issued all required permits, all necessary authorizations have been obtained and no objections have been raised and _____ hours have transpired since death occurred.

The Crematory, or authorized agent(s), is authorized to perform the cremation upon receipt of human remains, at its discretion, and according to its own time schedule, as work permits, without obtaining any further authorization or instructions. All cremations are performed individually. The Crematory will only place the human remains of one individual in the cremation chamber at a time.

Cremation is a technical process, using heat and flame that reduces human remains to bone fragments. The reduction takes place through heat and evaporation. Cremation shall include the processing, and may include the pulverization of bone fragment.

The Crematory requires either a casket or an alternative (cremation) container for the cremation.

After the cremated remains have been processed, they will be placed in the designated urn or container. The Crematory 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.

DECLARATION OF INTENT FOR THE DISPOSITION OF CREMATED REMAINS

Initial _____ I(We) authorize Myers Crematory 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 crematory 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 stated below:

Initial _____ Deliver said cremated remains to: _____ for the purpose of: _____

Initial _____ Place in storage. If unclaimed within 90 days, I understand that the cremated remains will be disposed of pursuant to statutes, and the urn will be disposed of without further notice of authorization. (Urn required by Funeral Home for storage)

Initial _____ I appoint the Myers Mortuary as my agent to make shipment of said remains via the U.S. Postage Mail (certified, return receipt), or scheduled air shipment. I am aware that the Myers Mortuary's services have been fully completed when the cremated remains leave the Funeral Home and that the Myers Mortuary is only acting as my agent for my accommodation only in carrying out these instructions. I understand that the Myers Mortuary assumes no responsibility after delivery to the Post Office, common carrier or agent. (Urn required by Funeral Home)

Ship to: _____
Initial _____ Deliver to: _____ Cemetery for the purpose of interment/entombment (I understand there may be a separate charge for this service at the cemetery):

- _____ Placement of cremated remains in a niche;
- _____ Placement of cremated remains in a cremorial;
- _____ Interment of cremated remains in ground cremation space.

Initial _____ Other Instructions: _____

Type of casket or container selected: _____

Type of urn or container selected: _____

Engrave urn exactly as follows: _____

(Attach Engraving Order Form)

AUTHORITY OF AUTHORIZING AGENT

I(We) hereby certify that the Decedent left the following surviving heirs at law:

Spouse Yes _____ No _____ Name _____
Children Yes _____ No _____ Name(s) _____
Parents Yes _____ No _____ Name(s) _____
Siblings Yes _____ No _____ Name(s) _____
Other Names and Relationships: Name(s) _____

Separate authorization(s), if necessary, shall be attached to, and considered part of, this form.

Are there any people who wish to witness the casket or container being placed in the cremation chamber? Yes _____ No _____

If yes, please list their names: _____

DISCLOSURES, WARRANTIES AND PERMISSIONS (INITIAL EACH)

____ I(We) certify that the deceased person named above arranged for his/her own cremation on a pre-need basis – YES _____ NO _____
____ I(We) certify that the deceased person named above left a Will with written instructions to be cremated – YES _____ NO _____
____ I(We) certify that the deceased person named above has not given other specific directions concerning the disposal of his/her remains.
____ I(We) have been offered the opportunity to personally identify the remains and assume full responsibility for the identity. I give permission for the Funeral Home to photograph the Decedent prior to cremation for identification purposes and give permission for the Funeral Home to maintain the photograph in their files.
____ I(We) understand that if I wish to remove and/or retain any items from the remains, I must do so directly or by authorized agent prior to the cremation process.
____ I(We) give full permission for the following:
a. The incidental or inadvertent commingling of the cremated remains.
b. The processing of the remains and resulting incidental commingling of the cremated remains.
c. The disposal by the Crematory of metal or other non-human material recovered to which may be affixed bone particles or other human residue.

INDEMNITY

I(We) declare under penalty of perjury that the foregoing certifications, representations and statements are true and correct, and that this statement is being made to induce the above named Myers Mortuary and Crematory to cremate (or caused to be cremated) the remains of the Decedent named above. I agree to hold harmless, indemnify and defend the above named Myers Mortuary and Crematory as well as their representatives, directors, officers, agents, employees and shareholders, from and against all claims, liabilities or damages whatsoever (including reasonable attorneys' fees) which may result from this authorization and order including the failure to properly identify the remains, failure to take possession or make proper arrangements for the final disposition of the cremated remains, the processing of the remains, shipping of remains, any explodable or harmful impact, infectious diseases, other persons claiming rights to control disposition of the remains, or any other cause. No warranties, express or implied, are made and damages shall be limited to the amount of the cremation fee paid.

SIGNATURE OF AUTHORIZING AGENT(S)

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, hereby certify that I am the closest living next of kin of the Decedent or that I otherwise serve (served) in the capacity of _____ to the Decedent, that I have charge of the remains of the Decedent and as such possess full legal authority and power, according to the laws of the state to execute this authorization form and to arrange for the cremation and disposition of the cremated remains of the Decedent, in addition, I am aware of no objection to this cremation by any spouse, child, parent or sibling specified.

By executing this cremation authorization form, as Authorizing Agent(s), the undersigned warrants that the undersigned have read and understand the provisions contained on the front and back of this document.

Executed at _____ (time), this _____ day of _____, 20_____.

Name: _____ Signature: _____
Relationship to Decedent: _____ Phone Number: _____
Name: _____ Signature: _____
Relationship to Decedent: _____ Phone Number: _____
Name: _____ Signature: _____
Relationship to Decedent: _____ Phone Number: _____

Signature of Witness for signature(s) of Authorizing Agent(s): _____

REPRESENTATIONS OF FUNERAL DIRECTOR

I warrant, to the best of my knowledge, that I have reviewed this form with the Authorizing Agent(s), that no member of our Funeral Home, has any knowledge or information that would lead us to believe that any of the answers provided by the Authorizing Agent(s) are incorrect, that the human remains delivered to the Crematory and represented as the human remains that we identified to our Funeral Home as the Decedent, that our Funeral Home obtained all the necessary permits authorizing the cremation and those permits are attached and that the representations concerning a pacemaker and other materials or implants that may be potentially hazardous are true.

Signature of Funeral Director: _____