

Cremation Authorization

This Authorization Form must be completed and signed prior to the cremation. Please read it carefully and ask us any questions you may have. Cremation is an irreversible and final process. It is important that you understand the cremation process that is described in this Authorization Form prior to signing it. We want you to fully understand the information provided in this Authorization Form, so we will be pleased to answer any questions about the cremation process or the other information on this form. The authorizing agent authorizes Just Cremations Cremation Society Crematory or any crematory used by Just Cremations, in accordance with and subject to its rules and regulations, to cremate the remains of

_____, who died at _____ on _____

PLEASE CIRCLE AND INITIAL THE APPROPRIATE WORDS BELOW

I further state the death _____ **was** _____ **was not** due to infectious or contagious disease. I understand that if I do not notify the Just Cremations Crematory about a death by infectious disease, that I will be liable for any injury to the Crematory Personnel.

It is requested that the following disposition be made of the remains:
_____ **Initials** Deliver to: (name and address below)

(If the delivery address is out of Just Cremations service area, the undersigned hereby authorizes Just Cremations Crematory to deliver the cremated remains via registered mail and agree to assume all liability for any damages that may arise from any cause growing out of said delivery and to indemnify and hold harmless Just Cremations from any and all claims related to said shipment.

_____ **Initials** I hereby certify that I am related to the deceased as stated below, and have the right to authorize this cremation and the disposition of the cremated remains. I understand that due to the nature of the cremation process, any valuable material including dental gold will either be destroyed or not be recoverable. Any personal possessions accordingly have either been removed or may be destroyed. If the container or any portion thereof is not suitable for cremation, the crematory may require the remains be removed to a suitable container. I understand that cremated remains are bone fragments, which will be reduced in size and placed in an urn. In the event the capacity of the urn I have selected is less than the amount of the cremated remains, the crematory is authorized to return the excess cremated remains in a separate container. I further agree that I will indemnify and hold harmless Just Cremations Crematory and their officers and employees from any liability, costs, expenses, or claims resulting from this authorization.

PLEASE CIRCLE AND INITIAL THE APPROPRIATE WORDS BELOW

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

PLEASE INITIAL AFTER READING THE STATEMENT BELOW ABOUT THE CREMATION PROCESS

_____ **Initials** Cremation is performed by placing the casket or other container with deceased in it, in a cremation chamber where the temperature is raised to about 1100 degrees Celsius which is approximately the temperature used in firing china or bricks. During the cremation process, it may be necessary to open the cremation chamber and reposition the remains of the decedent in order to facilitate a complete and thorough cremation. After about four or five hours all substances are burned or driven off except bone fragments (calcium compounds) and metal (including dental gold and silver and other non-human materials) since the temperature is not sufficient to consume all them. Following a cooling period, the cremated remains are swept or raked out of the chamber with a large wire brush. Just Cremations Crematory makes a responsible effort to remove all

of the remains from the chamber, but it is impossible to remove all. Some dust and other particles may inadvertently become comingled with particles of other cremated remains in the cremation chamber and other devices utilized to processed cremated remains as some dust and other residue from the process will always be left behind. The remains removed consist of bone fragments of varying size. To allow these fragments to fit into the containers, they are mechanically pulverized to a fairly uniform size. The process of crushing or grinding may cause incidental commingling of the remains with residue from the processing of previously cremated remains. After this Just Cremations Crematory makes a reasonable effort to put all remains in the container with the exception of dust and other residue which may remain on the equipment. In addition, while every effort will be made to avoid commingling, inadvertent and incidental commingling of minute particles of cremated remains from the residues of previous cremations is possibility, and the Authorizing Agent understands and accepts this fact.

Certain items, including, but not limited to, body prosthesis, 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 items of the deceased, are recovered from the cremation chamber, they may be separated from the cremated remains and disposed of by the crematory.

I/We hereby authorize the crematory to separate and remove from the cremation chamber all non-combustible materials, including, but not limited to, hinges, latches, nails, jewelry, and precious metals and to dispose of such materials at the crematory's discretion.

I declare under penalty of perjury that the foregoing is true and correct, except as noted, and that I make this statement to induce Just Cremations Crematory to cremate or cause to be cremated the remains of the decedent. That I have the authority to make dispositions of the remains as above indicated and I assume full responsibility for their identity whether or not I viewed the remains, I hereby agree to protect and indemnify Just Cremations Crematory or any other crematory used by Just Cremations Crematory against said remains, including legal fees and costs and expense of litigation. Certifies that all of the information and statements contained in the Authorization are accurate and no omissions of any material fact have been made. I agree to indemnify and hold harmless Just Cremations Cremation Society and the Crematory, their officers, directors, employees and agents from any and all claims, demands, actions, causes of action or suits of any kind or nature whatsoever, including, but not limited to, any legal fees arising out of or resulting from Just Cremations Cremation Society and the Crematory's reliance on or performance consistent with the directions, statements, representatives and agreements contained in this Authorization.

I acknowledge that in some cases cremation may take place in one of our sister company's crematories.

Signature of Person(s) Authorizing Cremation and Disposition

I/We warrant that all representatives and statements made herein are true and correct and that I/we have read and understood the provisions contained in this document.

The Authorizing Agent acknowledges that Just Cremations Cremation Society and Crematory are relying upon the representations being made by the Authorizing Agent in this authorization.

The Authorizing Agent

Signature (Please Print) _____ **Relationship** _____

Address _____ **Telephone** _____

Witness (Printed Name) _____