

## COMPREHENSIVE CREMATION AUTHORIZATION and DISPOSITION FORM

### AUTHORIZATION

I (We), the undersigned (the "Authorizing Agents"), hereby authorize Century Crematory, Inc. (hereinafter "Crematory"), 3710 Kirkwood Highway, Wilmington, DE 19808, in accordance with and subject to its rules and regulations, and any applicable state or local laws or regulations, to cremate the human remains of \_\_\_\_\_ (the "decedent") and to arrange for the final disposition of the cremated remains, as set forth on this form. Initials of AA \_\_\_\_\_

I (We) have read the attached document entitled "Century Crematory Policies, Procedures and Requirements" and hereby authorize the Crematory to perform the cremation of the decedent in accordance with the document. Initials of AA \_\_\_\_\_

### IDENTIFICATION

Date of Death \_\_\_\_\_ Place of Death \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

### REFRIGERATION – located at Spicer-Mullikin Funeral Homes

Wilmington Manor, 1000 N. DuPont Parkway, New Castle, DE, 19720     Newark, 121 West Park Place, Newark, DE, 19711

N/A (decedent was embalmed)

### Please initial one only:

1. I (We) have identified the decedent that was delivered to the Funeral Home as the decedent listed above and have authorized the Funeral Home to deliver the decedent to the Crematory for cremation. I (We) assume full responsibility for the identity. Initials of AA \_\_\_\_\_

-OR-

2. I (We) understand and accept that identification was made through the Medical Examiner's office. Initials of AA \_\_\_\_\_

### TIME OF CREMATION

The Crematory is authorized to perform the cremation upon receipt of the human remains, at its discretion, and according to its own time schedule, as work permits, without obtaining any further authorization or instructions. Initials of AA \_\_\_\_\_

### PACEMAKERS, PROSTHESES AND RADIOACTIVE IMPLANTS

#### Please initial the next two paragraphs:

The decedent's remains do not contain a pacemaker, radioactive implant or any other device that could be harmful to the crematory and/or its staff. The remains are safe to cremate. Initials of AA \_\_\_\_\_

The following list contains all existing devices (including all mechanical, radioactive implants and external prosthetic devices) which are implanted in or attached to the decedent that should be removed prior to cremation: \_\_\_\_\_.

The Crematory is authorized to dispose of these devices and other devices (including bridgework and internal prosthetics) with similar materials from other cremations in a non-recoverable manner, so that only the human bone fragments will remain. The Crematory contracts with a third party to recycle and/or dispose of devices and similar materials. Any revenue generated from disposal of materials is donated to charitable organization(s) designated by the Crematory. Initials of AA \_\_\_\_\_

### ALL PACEMAKERS AND RADIOACTIVE IMPLANTS MUST BE REMOVED PRIOR TO DELIVERING THE DECEDENT TO THE CREMATORY.

### FINAL DISPOSITION

After the cremation has taken place, the cremated remains have been processed, and the processed cremated remains have been placed in the designated receptacle, the Crematory and the Funeral Home will arrange for the disposition of the cremated remains as follows, and the Authorizing Agent(s) hereby authorize(s) the Crematory and the Funeral Home to release, deliver, transport, or ship the cremated remains as specified. **Check one of the following:**

1.  Deliver the cremated remains to \_\_\_\_\_ Cemetery where arrangements have already been made for interment/entombment.

2.  Deliver the cremated remains to the U.S. Postal Service for shipment by registered, return-receipt mail to \_\_\_\_\_ for permanent disposition.

*(Note: If option 2 is selected, then I/we agree to assume all liability that may arise from such shipment, and to indemnify and hold the Crematory and the Funeral Home harmless from any and all claims that may arise from such shipment.)*

3.  Return cremated remains to \_\_\_\_\_ Initials of AA \_\_\_\_\_

The Crematory and the Funeral Home will not store cremated remains longer than 30 days. After 30 days, I (we) understand that the cremated remains will be disposed of pursuant to statutes and without further notice or authorization. Initials of AA \_\_\_\_\_

### AUTHORITY OF AUTHORIZING AGENT(S)

Authority of the Authorizing Agent(s) is determined by the state in which the death occurred. **I (we) have indicated the appropriate Authorizing Agent(s) below and certify that no person(s) has(have) a higher degree of authority than the one I (we) have indicated.**

**Please initial one only:**

_____	Decedent if acting through a Declaration Instrument
_____	Surviving Spouse
_____	Executor/Executrix
_____	Majority of Adult Children
_____	Parents or Legal Guardians
_____	Majority of Adult Siblings
_____	Other Next of Kin or Entity (specify: _____ )

There is another living person(s) ( \_\_\_\_\_ ) who has the right to control final disposition of the decedent. I (We) have made all reasonable efforts to contact this person(s) but have been unable to do so. However, I (we) have no reason to believe that the person(s) would object to the cremation of the decedent. Initials of AA \_\_\_\_\_

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

**LIMITATION OF LIABILITY**

As the Authorized Agent(s), I (we) hereby agree to indemnify, defend, and hold harmless the Crematory and their respective officers, agents and employees, of and from any and all claims, demands, causes or causes of action, and suits of every kind, nature and description, in law or equity, including any legal fees, costs and expenses of litigation, arising as a result of, based upon or connected with this authorization, including the failure to take possession or make proper arrangements for the final disposition of the cremated remains, any damage due to harmful or explodable implants, claims brought by any other person(s) claiming the right to control the disposition of the decedent or the decedent's cremated remains, or any other action performed by the Crematory and the Funeral Home, their respective officers, agents, or employees, pursuant to this authorization, excepting only acts of willful negligence.

Initials of AA \_\_\_\_\_

**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.

By executing this Cremation Authorization Form, 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 to induce the Crematory to cremate the human remains of the decedent, and that the undersigned have read and understand the provisions contained on this form. **The undersigned understand(s) that the Crematory and the Funeral Home will seek legal action towards the undersigned if there is any form of misrepresentation or fraud on the part of the undersigned while acting as the Authorizing Agent(s).**

Executed at \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

1) Name \_\_\_\_\_ Signature (X) \_\_\_\_\_

Relationship to Decedent \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

2) Name \_\_\_\_\_ Signature (X) \_\_\_\_\_

Relationship to Decedent \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

3) Name \_\_\_\_\_ Signature (X) \_\_\_\_\_

Relationship to Decedent \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

4) Name \_\_\_\_\_ Signature (X) \_\_\_\_\_

Relationship to Decedent \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

5) Name \_\_\_\_\_ Signature (X) \_\_\_\_\_

Relationship to Decedent \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
Signature of Funeral Director as Witness for Signature(s) of Authorizing Agent(s)

\_\_\_\_\_  
Name of Funeral Home

**REPRESENTATIONS OF FUNERAL DIRECTOR**

By executing this authorization form as a licensed funeral director and agent/employee of the Funeral Home indicated above, I warrant to the best of my knowledge the following:

- 1) That our Funeral Home was responsible for making arrangements with the Authorizing Agent(s) for the cremation of the decedent and that I have reviewed this authorization form with the Authorizing Agent(s).
- 2) That no member of our Funeral Home has any knowledge or information that would lead us to believe that any of the answers provided on this form by the Authorizing Agent(s) are incorrect.
- 3) That the human remains delivered to the Crematory and represented as the human remains specified on this form are in fact the human remains that were identified to our Funeral Home as the decedent.
- 4) That our Funeral Home obtained all necessary permits authorizing the cremation of the decedent, and that those permits are attached.
- 5) That the representations contained on the previous page concerning a pacemaker and any other material or implant that may be potentially hazardous are true.

\_\_\_\_\_  
Signature of Funeral Director

**See separate page for CENTURY CREMATORY POLICIES, PROCEDURES AND REQUIREMENTS**