

WIEFELS & SON

MORTUARY & CREMATION SERVICES

CREMATION # _____

CREMATION DATE: _____

AUTHORIZATION FOR CREMATION AND DISPOSITION

I/WE HEREBY CERTIFY THAT I/WE HAVE FULL LEGAL AUTHORITY TO AUTHORIZE THE CREMATION, PROCESSING AND DISPOSITION OF THE CREMATED REMAINS OF _____

RESIDENCE OF DECEASED: _____

(THE "DECEASED"), AND I/WE HEREBY REQUEST AND DIRECT WIEFELS & SON CREMATORY (THE "CREMATORY") TO TAKE POSSESSION OF, CREMATE, PROCESS AND MAKE DISPOSITION OF THE REMAINS OF THE DECEASED IN ACCORDANCE WITH AND SUBJECT TO (a) THE TERMS AND CONDITIONS SET FORTH IN THIS AUTHORIZATION, (b) THE CREMATORY'S RULES AND REGULATIONS AND (c) ANY APPLICABLE STATE OR LOCAL LAWS, RULES AND REGULATIONS.

1. I/WE HEREBY CERTIFY AND REPRESENT THAT THE REMAINS DELIVERED FOR CREMATION ARE THOSE OF THE PERSON NAMED ABOVE AS THE DECEASED.
2. THE CREMATORY AGREES ONLY TO CREMATE THE DECEASED'S REMAINS AND DISPOSE OF THE CREMATED REMAINS AS DIRECTED HEREIN. NO WARRANTIES, EXPRESSED OR IMPLIED, ARE MADE AND DAMAGES SHALL BE LIMITED TO FEE PAID.
3. THE DECEASED'S REMAINS WILL NOT BE ACCEPTED FOR CREMATION UNLESS THEY ARE IN A CLOSED RIGID CONTAINER RESISTANT TO THE LEAKAGE OF BODY FLUIDS.
4. CERTAIN ITEMS, INCLUDING BUT NOT LIMITED TO, BODY PROTHESES, 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 SUCH ITEMS ARE RECOVERED FROM THE CREMATION CHAMBER THEY MAY BE SEPARATED FROM THE CREMATED REMAINS OF THE DECEASED AND DISPOSED OF BY THE CREMATORY.
5. PURSUANT TO HEALTH AND SAFETY CODE, SEC. 21, SEC. 7054.7(b), I/WE UNDERSTAND THAT THE HUMAN BODY BURNS WITH THE CASKET, CONTAINER, OR OTHER MATERIAL IN THE CREMATION CHAMBER. DURING CREMATION, THE CONTENTS OF THE CHAMBER MAY BE MOVED TO FACILITATE INCINERATION. THE CHAMBER IS COMPOSED OF CERAMIC OR OTHER MATERIAL WHICH DISINTEGRATES SLIGHTLY DURING EACH CREMATION AND THE PRODUCT OF THAT INCINERATION IS COMINGLED WITH THE CREMATED REMAINS. NEARLY ALL OF THE CONTENTS OF THE CREMATION CHAMBER, CONSISTING OF THE CREMATED REMAINS, DISINTEGRATED CHAMBER MATERIAL, AND SMALL AMOUNTS OF RESIDUE REMAINS FROM PREVIOUS CREMATIONS, ARE REMOVED TOGETHER AND CRUSHED, PULVERIZED, OR GROUND TO FACILITATE INURNMENT OR SCATTERING. SOME RESIDUE REMAINS IN THE CRACKS AND UNEVEN PLACES OF THE CHAMBER. PERIODICALLY, THE ACCUMULATION OF THIS RESIDUE IS REMOVED AND INTERRED IN A DEDICATED CEMETERY PROPERTY, OR SCATTERED AT SEA.
6. MECHANICAL DEVICES IMPLANTED IN THE DECEASED MAY CREATE A HAZARDOUS CONDITION WHEN PLACED IN A CREMATION CHAMBER. I/WE UNDERSTAND THAT THE CREMATORY WILL NOT, THEREFORE, CREMATE ANY HUMAN REMAINS WHICH CONTAIN ANY TYPE OF IMPLANTED MECHANICAL DEVICE. *I/WE FURTHER CERTIFY THAT THE REMAINS OF THE DECEASED () DO / () DO NOT CONTAIN ANY TYPE OF IMPLANTED MECHANICAL DEVICE.* IN THE EVENT THE REMAINS OF THE DECEASED DO CONTAIN SUCH DEVICE, I/WE HEREBY AUTHORIZE AND INSTRUCT THE CREMATOY, ITS AGENTS AND EMPLOYEES, TO CONTACT THE APPROPRIATE PERSONS AND SECURE THE REMOVAL OF ANY AND ALL MECHANICAL DEVICES FROM THE REMAINS PRIOR TO COMMENCEMENT OF THE CREMATION PROCESS. I/WE ALSO AGREE TO INDEMNIFY THE CREMATORY, ITS AFFILIATES, AND THEIR AGENTS AND EMPLOYEES, AGAINST LOSS FROM ANY AND ALL CLAIMS, DEMANDS, OR DAMAGES WHICH MAY BE MADE BY OR DECLARED AGAINST IT OR THEM BY REASON OF MY/OUR FAILURE TO TIMELY DISCLOSE THE EXISTENCE OF SUCH AN IMPLANTED MECHANICAL DEVICE OR DEVICES.
7. THE FOLLOWING DESCRIBES ALL EXISTING DEVICES (INCLUDING ALL MECHANICAL AND PROSTHETIC DEVICES WHICH MAY BE IMPLANTED IN OR ATTACHED TO THE DECEASED) TO BE REMOVED FROM THE REMAINS OF THE DECEASED AND DISPOSED OF AS INSTRUCTED BELOW:

DESCRIPTION: _____ DISPOSITION: _____

8. IN ORDER TO AVOID ANY CONFUSION OR MISUNDERSTANDING, WIEFELS & SON MORTUARY & CREMATION SERVICES IS HEREBY AUTHORIZED AND INSTRUCTED TO MAKE FINAL DISPOSITION OF THE REMAINS

AS FOLLOWS: _____

NOTE: CREMAINS MUST BE REMOVED IN A DURABLE CONTAINER, IF THE CONTAINER CANNOT HOLD ALL THE CREMAINS, ANOTHER WILL BE PROVIDED AT CONTAINER (URN): _____
NO ADDITIONAL CHARGE.

9. IF PERMANENT ARRANGEMENT FOR FINAL DISPOSITION OF THE CREMATED REMAINS ARE TO BE CARRIED OUT BY THE UNDERSIGNED (OR THEIR DULY AUTHORIZED REPRESENTATIVE) AND HAVE NOT BEEN COMPLETED WITHIN 30 DAYS AFTER THE DATE OF THEIR AVAILABILITY FOR FINAL DISPOSITION, I/WE AUTHORIZE THE CREMATORY TO LAWFULLY SCATTER THE REMAINS AT SEA OR DELIVER THE REMAINS TO ME/US. I/WE AGREE TO PAY FOR THE DELIVERY. (Initial) _____

10. I/WE UNDERSTAND THAT UNLESS A SUITABLE CONTAINER IS PURCHASED OR PROVIDED FOR THE CREMATED REMAINS, THE CREMATORY WILL PLACE SUCH REMAINS IN A CONTAINER WHICH IS DESIGNED FOR SHORT TERM USE AND NOT RECOMMENDED FOR ANY TYPE OF SHIPMENT.

11. I/WE FURTHER AGREE TO INDEMNIFY AND SAVE HARMLESS THE CREMATORY, ITS AFFILIATES, AND THEIR AGENTS AND EMPLOYEES, FROM ANY AND ALL LIABILITY OF WHATSOEVER KIND (EXCEPT FOR WILLFUL OR INTENTIONAL MISCONDUCT), OR CLAIM THEREFORE, FOR WHATSOEVER THEY, OR ANY OF THEM, MAY DO BY VIRTUE HEREOF.

12. I/WE WARRANT THE TRUTHFULNESS OF ANY FACT SET FORTH IN THE AUTHORIZATION, THE IDENTITY OF THE PERSON ("THE DECEASED") WHOSE REMAINS ARE SOUGHT TO BE CREMATED AND/OR INTERRED, AND TO MY/OUR AUTHORITY TO ORDER CREMATION AND/OR INTERMENT. I/WE SHALL BE PERSONALLY LIABLE FOR ALL DAMAGE OCCASIONED BY OR RESULTING FROM BREACH OF THE WARRANTY.

DATED: ____/____/____

SIGNED: _____ WITNESS _____

RELATION TO DECEASED OR AUTHORITY TO SIGN: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: AREA CODE () _____

DATED: ____/____/____

SIGNED: _____ WITNESS _____

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