

LIFEPLAN CREMATORIUM INC

Cremation Services

Cremation Authorization

I (We), the undersigned (the "Authorizing Agent(s)"), hereby authorize and request LifePlan Crematorium Inc., in accordance with and subject to its rules and regulation, and any applicable state/provincial 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.

I (We) have authorized the funeral home to deliver the decedent to LifePlan Crematorium Inc., for cremation.

I (We) have read the document entitled "LifePlan Crematorium Inc. Policies, Procedure and Requirements," and hereby authorize LifePlan Crematorium Inc. to perform the cremation of the decedent in accordance with that document located on back of pages 1 and 2.

IDENTIFICATION

Date of Death _____ 20____ Place of Death _____ Sex _____ Age _____

TIME OF CREMATION

LifePlan Crematorium Inc. 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. Yes _____ No _____

If no, please explain _____

Did the Decedent have a Pacemaker? Yes No Did the Decedent have a Pain Pump? Yes No

PACEMAKERS, PROTHESIS, AND RADIOACTIVE IMPLANTS

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

I have instructed the funeral home to remove or arrange for the removal of these devices and to properly dispose of them prior to transporting the decedent to LifePlan Crematorium Inc.

ALL PACEMAKERS AND RADIOACTIVE IMPLANTS MUST BE REMOVED PRIOR TO DELIVERING THE DECENT TO LIFEPLAN CREMATORIUM INC

Merchandise

Type of casket or container selected _____

Size and type of urn or container selected _____

Final Disposition

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

1. ___ Return to the Funeral Home: _____
2. ___ Deliver the cremated remains to _____ cemetery, with which arrangements have already been made for the cremated remains to be _____.
3. ___ Deliver or ___ Release cremated remains to the following designated person:
Name _____ Address _____
Relationship _____
Scheduled Date of Delivery or Release _____
4. ___ Deliver the cremated remains to the US Postal Service for shipment by Registered, Return Receipt mail to _____ for permanent disposition. (Attach copy of Post Office Receipt.)

**Cremation
Authorization**

LIMITATION OF LIABILITY

As the Authorizing Agent(s), I (we) hereby agree to indemnify, defend, and hold harmless LifePlan Crematorium Inc, its 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 properly identify the decedent or the humans remains transmitted to LifePlan Crematorium Inc, the processing, shipping and final disposition of the decedent's cremated remains, the failure to take possession of or make proper arrangements for the final disposition of the cremated remains, any damage due to harmful or exploitable 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 perform by LifePlan Crematorium Inc., its officers, agents, or employees, pursuant to this authorization, excepting only acts of willful negligence.

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.

***Unless previously authorized by the Deceased in accordance with applicable state law, no cremation may take place without written authorization from nearest of kin of the Deceased, or Deceased's legal representative. The nearest of kin is the person or persons described below in the following order**
(1) Surviving Spouse (2) Surviving Children (3) Surviving Parents (4) Surviving Siblings (5) Surviving Uncles & Aunts (6) Surviving 1st Cousins

By executing this Cremation Authorization Form, as Authorizing Agent(s), the undersigned warrant that all representations and statements contained on this form are true and correct, that these statements were made to induce LifePlan Crematorium Inc. to cremate the human remains of the decedent, and that the undersigned have read and understand the provisions contained on this form.

Executed at _____, this _____ day of _____, 20____

I _____ hereby certify that I am the closest living relative or the next of kin of _____, Deceased.

Signature _____

Address _____

Phone No. _____ Relationship to Decedent _____

I _____ hereby certify that I am the closest living relative or the next of kin of _____, Deceased.

Signature _____

Address _____

Phone No. _____ Relationship to Decedent _____

I _____ hereby certify that I am the closest living relative or the next of kin of _____, Deceased.

Signature _____

Address _____

Phone No. _____ Relationship to Decedent _____

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

Name and Address of Funeral Home

Notary Seal	
State of _____	County of _____
[State County]	
On this _____ day of _____, 20____,	
[Day]	[Month] [Year]
before me personally appeared	

[Name of Signer]	
whose identity was proven to me on the basis of satisfactory evidence to be the person who he or she claims to be, and acknowledged that he or she signed the above/attached document.	

Notary Public	
[Notary's Signature]	(seal)
[Affix notary seal here]	

REPRESENTATIVES 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 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 LifePlan Crematory Inc. 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. That our funeral home obtained all necessary permits authorization the cremation of the decedent, and that those permits are attached.
4. That our funeral home obtained all necessary permits authorizing the cremation of the decedent, and that those permits are attached
5. That the representatives contained above concerning the decedent's cause of death and regarding any infectious or contagious disease are true.
6. That the representations contained above concerning a pacemaker and any other material or implant that may be potentially hazardous are true.

Licensed Funeral Director _____

License # _____

LIFEPLAN CREMATORIUM INC. POLICIES, PROCEDURE AND REQUIREMENTS

The cremation, processing and disposition of the remains of the Deceased authorized herein shall be performed in accordance with all 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. It is the policy of the Crematory to NOT accept metal caskets. The Crematory is authorized to remove and dispose of handles, ornaments and any other noncombustible items attached to the cremation container proper to cremation. I/We further authorize the Funeral home or Crematory to make disposition of any such noncombustible items in any lawful manner it deems appropriate.
2. The cremation container containing the remains of the Deceased will be placed in the cremation chamber and will be and irreversibly destroyed by prolonged exposure to intense heat and direct flame. I/We should recognize 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
- 2a. When the cremated remains are removed from the cremation chamber, the skeletal remains often contain recognizable bone fragments, processed (pulverized). This process of crushing or grinding away may cause incidental commingling of the remains with the residue from the processing of previously cremated remains. These granulated particles of unidentifiable dimensions will be virtually unrecognizable as human remains.
3. 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 an item, other than the cremated remains of the Deceased, are recovered from the cremation chamber, they may be separated from the cremated remains of the Deceased and disposed of by the Crematory.
4. 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.
5. 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 an urn or other container.
6. The Crematory will place the cremated remains of the Deceased in a container, which is designed for any type of shipment in the USA.
7. In the event the urn or container is insufficient to accommodate all of the cremated remains of the Deceased and any excess cremated remains will be placed in a secondary and returned to the Funeral Home, together with the primary urn or container.
8. Unless I/we give specific written instruction in this authorization, the cremation, processing and disposition of the remains of the Deceased will not be performed in accordance with any particular religious or ethnic customs.
9. Unless I/We agree to indemnify, release and hold the Crematory, their affiliates, agents, employees, and assigns, harmless from any and all loss, damages, liability, or causes of action (including attorney's 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 except as set forth in this Authorization, no warranties, expressed or implied, are made by the Crematory or any of their respective affiliates a, agents, or employees.

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