

**CREMATION AUTHORIZATION AND ORDER FOR DISPOSITION**



**AUTHORIZATION**

I (We), the undersigned (the "Authorizing Agent(s)"), hereby request and authorize the above named Funeral Establishment to take possession of and make arrangements for the cremation of the decedent named below (the "Decedent") in accordance with and subject to the provisions set forth in this document, at McDermott's Crematory (hereinafter referred to as the "Crematory") and in accordance with and subject to their rules and regulations, and subject to any applicable state or local laws or regulations.

**Name of Deceased:** \_\_\_\_\_ **Sex:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Date of Death:** \_\_\_\_\_

**Funeral Establishment Representative in Charge (Circle One):** Christopher M. Grant FD920 / Jorge Medrano FA59

To the best of your knowledge, was death due to a communicable or otherwise dangerous disease? (NRS 451.660) **Initial:** **YES:** \_\_\_\_\_ **NO:** \_\_\_\_\_

Are you aware of any objection to cremation by any person who has a right to control the disposition of remains? (NRS 451.660) **Initial:** **YES:** \_\_\_\_\_ **NO:** \_\_\_\_\_

**PACEMAKERS AND RADIOACTIVE IMPLANTS**

Mechanical, radioactive devices or implants in the decedent may create a hazardous condition when placed in a cremation chamber. ALL PACEMAKERS AND RADIOACTIVE IMPLANTS MUST BE REMOVED PRIOR TO DELIVERY OF THE DECEDENT TO THE CREMATORY. Initial one of the following:

1) The decedent's remains do not contain a pacemaker, radioactive implant or other device that could be harmful to the crematory. The decedent's remains are safe to cremate. **Initial:** \_\_\_\_\_

2) The following list contains all existing devices implanted in or attached to the decedent that should be removed prior to cremation: **Pacemaker** \_\_\_\_\_ **Defibrillator** \_\_\_\_\_ **Other:** \_\_\_\_\_

We have arranged for the funeral establishment to remove or arrange for the removal of these devices and to properly dispose of them prior to cremation. I understand that if the funeral establishment has not been notified about such devices or implants, and not instructed to remove them, that I/We are responsible for damages caused to the Crematory, or crematory personnel by such implants or devices.

**CREMATION PROCESS**

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 fragments. The human body is cremated with the casket, container, or other material in the cremation chamber. Some bone fragments are not combustible at the incineration temperature and, as a result, remain in the cremation chamber. During the 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 disintegration is commingled with the cremated remains. Nearly all of the contents of the cremation chamber, consisting of the cremated remains, disintegrated chamber material, and small amount of residue 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 disposed of pursuant to law.

**CASKET/CREMATION CONTAINER/URN SELECTED**

<b>Description of Casket/Container</b>	<b>Alternative</b>	<b>Other:</b>	
<b>Description of Urn Selected</b>	<b>Plastic</b>	<b>Other:</b>	

**WITNESSED CREMATIONS**

The cremation will take place after civil and medical authorities have issued permits, all necessary authorizations have been obtained, and no legal objections have been raised, and after any scheduled funeral ceremonies or viewing have been completed. The Crematory, or authorized agents, is authorized to perform the cremation upon receipt of human remains, at its discretion, and according to its own 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 chamber at a time.

**Are there any people who wish to witness the casket or container being placed in the cremation chamber?**

**YES - NO If yes, please provide the names of those individuals who wish to witness:**

<b>Names:</b>	

### **CASKETS/CONTAINERS**

The Crematory requires that a cremation container be used for the cremation. A wooden casket may be used, but not required. All cremation containers and caskets must meet the following standards: (NRS 451.670)

1. Consist of readily combustible materials;
2. Cover the human remains completely when closed;
3. Resist leaking or spilling;
4. Be rigid enough for easy handling; and
5. Protect the health and safety of employees of the operator.

The crematory is authorized to inspect the casket or alternative container, including opening it if necessary. In the event there is leakage or damage, the Crematory may contact the Funeral Establishment directly for instructions. The Crematory reserves the right to open the casket or alternative container to verify the identity of the deceased. Many caskets that are comprised of combustible materials also contain some exterior parts, e.g., decorative handles or rails that are not combustible and may cause damage to the cremation equipment. The Crematory, at its sole discretion, reserves the right to remove these non-combustible materials prior to cremation and to discard them with similar materials from other cremations and other refuse in a non-recoverable manner.

### **URNS/TEMPORARY CONTAINERS**

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. In the event the urn or other container selected is insufficient to accommodate all of the cremated remains, the excess will be placed in a separate receptacle. The separate receptacle will be kept with the primary receptacle and handled according to the disposition instructions on the form. Crematory requires that all urns or containers provided be appropriate for shipping or permanent storage, and that in the case of an adult, it is recommended that the urn or container be a minimum of 200 cubic inches. Unless a suitable urn is provided for the cremated remains, the Crematory will place the cremated remains in a container provided by the Crematory.

### **DISCLOSURES, WARRANTIES, AND PERMISSIONS**

By signing this document, I(We) certify, understand and acknowledge the following:

1. That the deceased person named above has not given other specific directions concerning the disposal of his/her remains;
2. That I(we) are the majority of the right holders of the Decedent; or otherwise have charge of the remains of the Decedent and possess full legal authority and power, according to the laws of the state to execute this authorization form and arrange for the cremation and disposition of the cremated remains of the Decedent;
3. That I(we) are not aware of legal objection to this cremation by any spouse, child, parent or sibling;
4. That incidental or inadvertent commingling of the cremated remains may occur, including the incidental commingling of the cremated remains resulting from the processing of the remains, and the disposal (with other residuals) by the Crematory of metal or other non human material recovered to which may be affixed bone particles;
5. That if I(we) wish to remove and/or retain any items from the remains, I(we) must do so directly or by designated representative prior to the cremation process;
6. That the cremation process may destroy dental gold, silver, jewelry, or mementos, and to that extent (a) understand that dental gold and silver, jewelry and mementos to the extent it may be identified may be returned to the cremated remains container and (b) understand that dental gold and silver, jewelry and mementos that cannot be identified may not be returned to the cremated remains container and hereby direct the crematory to dispose of unidentified dental gold and silver, mementos and jewelry in a lawful manner.

### **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 Funeral Establishment and Crematory to cremate (or cause to be cremated) the remains of the Decedent named above. I agree to hold harmless, indemnify and defend the above named Funeral Establishment and Crematory as well as their representatives, directors, officers, agents, employees, shareholders, from and against all claims, liabilities, or damages whatsoever which may result from this authorization and order including the failure to properly identify the remains, failure to take possession or make the proper arrangements for the final disposition of cremated remains, the processing of remains, shipping of remains, any explodable implant, 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.

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

Spouse: YES: \_\_\_\_\_ NO: \_\_\_\_\_ Name: \_\_\_\_\_

Children: YES: \_\_\_\_\_ NO: \_\_\_\_\_ How Many? \_\_\_\_\_ Name(s): \_\_\_\_\_

Parents: YES: \_\_\_\_\_ NO: \_\_\_\_\_ How Many? \_\_\_\_\_ Name(s): \_\_\_\_\_

Siblings: YES: \_\_\_\_\_ NO: \_\_\_\_\_ How Many? \_\_\_\_\_ Name(s): \_\_\_\_\_

Other: (Name(s) and Relationships): \_\_\_\_\_

If the legal next of kin or if all persons of the same degree of kinship are not signing below, a written explanation (Explanation of Inability to Obtain Signatures) must be completed by person(s) signing below as Authorizing Agent(s). Separate authorizations, if necessary, shall be attached to and considered part of, this form.

DISPOSITION OF CREMATED REMAINS

I (We) authorize the Crematory to return the cremated remains of the decedent to the possession and custody of the Funeral Establishment. 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 Establishment. I (We) hereby arrange for the disposition of the cremated remains of the decedent as stated below:

Initial \_\_\_\_\_ I understand that in the event the cremated remains have not been permanently interred or picked up by me or my designated representative within two years from the date of cremation, I hereby authorize the Funeral Establishment to lawfully dispose of cremated remains. (NRS 451.695)

I HEREBY DIRECT AND AUTHORIZE THE RELEASE/DELIVERY OR SHIPMENT OF SAID CREMATED REMAINS (INITIAL ONE)

Release the said

Initial \_\_\_\_\_ cremated remains to: \_\_\_\_\_

for the purpose of: TO KEEP OTHER: \_\_\_\_\_

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

Initial \_\_\_\_\_ I appoint the Funeral Establishment my agent to make shipment of said remains via U.S. Postage Mail (Express), or scheduled air shipment (PROPER CONTAINER OR URN REQUIRED BY COMPANY). I am aware that the Funeral Establishment services have been fully completed when the cremated remains leave the Funeral Establishment and that the Funeral Establishment is only acting as my agent for my accommodation in carrying out these instructions. I understand that the Funeral Establishment assumes NO RESPONSIBILITY after delivery to the Post Office, common carrier, or agent.

Ship to: Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Ph: \_\_\_\_\_

Initial \_\_\_\_\_ Other: \_\_\_\_\_

SIGNATURE OF AUTHORIZING AGENTS(S)

THIS IS A LEGAL DOCUMENT. IT CONTAINS IMPORTANT PROVISIONS CONCERNING CREMATION. CREMATION IS IRREVERSIBLE AND FINAL. READ THIS ENTIRE DOCUMENT CAREFULLY BEFORE SIGNING.

By executing this cremation authorization form, as Authorizing Agent(s), the undersigned warrants that all representations and statements contained on this document are true and correct, that these statements were made to induce the above named Funeral Establishment and Crematory to cremate the human remains of the Decedent, and that the undersigned have read and understand the provisions contained on all three pages of this document and are unaware of any objection to cremation by any person who has a right to control the disposition of remains (NRS 451.660)

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

Name \_\_\_\_\_ Signature \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_

Signature of Funeral Establishment Representative as Witness for Signature(s) of Authorizing Agent(s)

CREMATORY: McDermott's Crematory AUTHORIZED CREMATORY REPRESENTATIVE: David Opp

Deceased Name: \_\_\_\_\_ Crematory Identification Number: McD