



OPSAHL FUNERAL HOMES, INC

COMPREHENSIVE CREMATION AUTHORIZATION AND DISPOSITION FORM

I (We), the undersigned (the "Authorizing Agent(s)"), hereby authorize and request _____, in accordance with and subject to its rules and regulations, 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. **Initials of AA** _____

I (We) have identified the human remains that were delivered to the funeral home as the decedent, and have authorized the funeral home to deliver the decedent to the above named crematory, for cremation. **Initials of AA** _____

I (We) have read the attached document entitled "the above named crematory Policies, Procedures and Requirements," and hereby authorize _____ to perform the cremation of the decedent in accordance with that document. **Initials of AA** _____

IDENTIFICATION

Date of Death _____ Place of Death _____ Sex _____ Age _____

PRE-NEED CREMATION ARRANGEMENTS'

Did the decedent arrange for his or her own cremation, on a pre-need basis? Yes No

Did the decedent leave a will with written instructions to be cremated? Yes No

Did the decedent execute a pre-need cremation contract? Yes No

Did the decedent execute a pre-need cremation authorization form? Yes No

Did the decedent leave oral instructions to be cremated? Yes No
If yes, with whom _____

Did the decedent arrange for final disposition of the cremated remains? Yes No
If yes, please describe _____

(Attach copies of all appropriate documents)

TIME OF CREMATION

The above named 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. Yes No

Initials of AA _____

If no, please explain and then complete the next line _____

The cremation shall take place on _____ (day), _____ (date), at _____ (time). **Initials of AA** _____

PACEMAKERS, PROSTHESES, AND RADIOACTIVE IMPLANTS

Was the decedent treated with radioactive therapy? Yes No

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 the above named crematory. **Initials of AA** _____

The decedent's remains do not contain a pacemaker, radioactive implant or any other device that could be harmful to the crematory. They are safe to cremate. **Initials of AA** _____

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

WITNESSING²

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

Yes No

If yes, please provide their names _____

MERCHANDISE

Type of casket or container selected _____

Size and type of urn or container selected _____

FINAL DISPOSITION³

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

1. _____ Deliver the cremated remains to _____ cemetery, with which arrangements already been made for the cremated remains to be _____

2. _____ Deliver or _____ Release cremated remains to the following designated person:
Name _____ Address _____ Relationship _____
Scheduled Date of Delivery or Release _____

3. _____ Deliver the cremated remains to the U.S. Postal Service for shipment by Registered, Return Receipt mail to _____ for permanent disposition.
(Attach copy of Post Office Receipt)

4. _____ Deliver the cremated remains to _____ (name of carrier) for shipment in my name as cosignor to _____ (name and address of cosignee) for permanent disposition.
(Attach copy of carrier receipt)

(If options 3 or 4 are selected, then I/we agree to assume all liability that may arise from such shipment, and to indemnify and hold the above named crematory harmless from any and all claims that may arise from such shipment.)

5. _____ Return the cremated remains to the funeral home within 10 days.

6. _____ Arrange for the disposition of the cremated remains at the discretion of the above named crematory. The Authorizing Agent(s) understands that if this option is selected, then final disposition may include the commingling of the cremated remains with other cremated remains, and that thereafter the cremated remains of the decedent shall not be recoverable.

7. _____ Other _____

Initials of AA _____

AUTHORITY OF AUTHORIZING AGENT

I (We) hereby certify that the decedent left the following surviving heirs 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) _____

If all responses are no, the person(s) in the next degree of kinship to the decedent is (are): _____

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

Therefore, I (We), the undersigned, hereby certify that I am the closest living next of kin of the decedent and that I am related to the decedent as his/her, _____ or that I otherwise serve (served) in the capacity of _____ to the decedent, that I have charge of the remains of the decedent and as such possess full legal authority and power, according to the laws of the state/province of _____, to execute the authorization form and to arrange for the cremation and disposition of the cremated remains of the decedent. In addition, I am aware of no objection to this cremation by any spouse, child, parent or sibling specified.*

LIMITATION OF LIABILITY

As the Authorizing Agent(s), I (We) hereby agree to indemnify, defend, and hold harmless the above named crematory, 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 human remains transmitted to the above named crematory, 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 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 above named crematory, its 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 that all representations and statements contained on this form are true and correct, that these statements were made to induce the above named crematory 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 _____, 19_____.

Name _____ Signature _____
Relationship to Decedent _____ Phone No. _____
Address _____

Name _____ Signature _____
Relationship to Decedent _____ Phone No. _____
Address _____

Name _____ Signature _____
Relationship to Decedent _____ Phone No. _____
Address _____

(Can Require Notary Seal)

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

Name and Address 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 above named 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 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

CREMATORY POLICIES, PROCEDURES AND REQUIREMENTS

The cremation, processing and disposition of the remains of the deceased shall be performed in accordance with all governing laws, and the policies, procedures and requirements of _____, hereafter referred to as *Crematory*, and the designated funeral home.

This document describes many of the policies and requirements of *Crematory* and is incorporated in our Cremation Authorization Form. We suggest you take the time to read this document carefully before executing the Cremation Authorization Form.

CREMATORY'S REQUIREMENTS FOR CREMATION

Cremation will take place only after all the following conditions have been met.

- 1) Any scheduled ceremonies or viewings have been completed.
- 2) _____ hours have transpired since the death occurred.
- 3) Civil and medical authorities have issued all required permits.
- 4) All necessary authorizations have been obtained, and no objections have been raised.

CASKETS/CONTAINERS

Crematory requires either a casket or an alternative (cremation) container for cremation. All caskets and alternative containers must meet the following standards: 1) be composed of materials suitable for cremation; 2) be able to be closed to provide a complete covering for the human remains; 3) be resistant to leakage or spillage; 4) be sufficient for handling with ease; and 5) be able to provide protection for the health and safety of crematory personnel.

Many caskets that are comprised primarily of combustible material also contain some exterior parts, e.g., decorative handles or rails, that are not combustible and that may cause damage to the cremation equipment. *Crematory*, at its sole discretion, reserves the right to remove these noncombustible materials prior to cremation and to discard them with similar materials from other cremations and other refuse in a nonrecoverable manner.

Crematory strongly discourages the purchase of metal caskets, as such caskets are inappropriate for the cremation equipment. If such a casket is purchased and delivered to *Crematory*, then *Crematory* at its sole discretion, reserves the right to take any or all of the following steps to facilitate the cremation: to remove the casket lid prior to cremation; to prop the casket lid open during cremation; or to cut an additional opening in the casket. Following the cremation, the remnants of the metal casket shell will be manually or mechanically reduced in size so that they may be discarded in an economical manner with similar materials from other cremations and other refuse in a nonrecoverable manner.⁵

PACEMAKERS, PROSTHESES AND RADIOACTIVE DEVICES

Pacemakers and prosthesis, as well as any other mechanical or radioactive devices or implants in the decedent, may create a hazardous condition when placed in the cremation chamber. It is imperative that pacemakers and radioactive devices be removed prior to cremation. If the funeral home is not notified about such devices and implants, and not instructed to remove them, then the person(s) authorizing the cremation will be responsible for any damages caused to *Crematory* or crematory personnel by such devices or implants.

THE CREMATION PROCESS

All cremations are performed individually. Exceptions are only made in the case of close relatives, and then only with the prior written instructions of the Authorizing Agent(s).

Cremation is performed by placing the deceased in a casket or other container and then placing the casket or container into a cremation chamber or retort, where they are subjected to intense heat and flame. During the cremation process, it may be necessary to open the cremation chamber and reposition the deceased in order to facilitate a complete and thorough cremation. Through the use of a suitable fuel, incineration of the container and contents is accomplished and all substances are consumed or driven off, except bone fragments (calcium compounds) and metal (including dental gold and silver and other nonhuman material) as the temperature is not sufficient to consume them.

Due to the nature of the cremation process any personal possessions or valuable materials, such as dental gold or jewelry (as well as any body prosthesis or dental bridgework), that are left with the decedent and not removed from the casket or container prior to cremation will be destroyed or if not destroyed, will be disposed of by *Crematory*. As the casket or container will not normally be opened by *Crematory* (to remove valuables, to allow for a final viewing or for any other reason), arrangements must be made with the funeral home to remove any such possessions or valuables prior to the time that the decedent is transported to *Crematory*.⁶

Following a cooling period, the cremated remains, which will normally weigh several pounds in the case of an average size adult, are then swept or raked from the cremation chamber. *Crematory* makes a reasonable effort to remove all of the cremated remains from the cremation chamber, but it is impossible to remove all of them, as some dust and other residue from the process are always left behind. In addition, while every effort will be made to avoid commingling, inadvertent or incidental commingling of minute particles of cremated remains from the residue of previous cremations is a possibility.

After the cremated remains are removed from the cremation chamber, all noncombustible materials (insofar as possible), such as bridgework, and materials from the casket or container, such as hinges, latches, nails, etc., will be separated and removed from the human bone fragments by visible or magnetic selection and will be disposed of by *Crematory* with similar materials from other cremations in a nonrecoverable manner.⁷

When the cremated remains are removed from the cremation chamber, the skeletal remains often contain recognizable bone fragments. Unless otherwise specified, after the bone fragments have been separated from the other material, they will then be mechanically processed (pulverized). This process of crushing or grinding 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.⁸

URNS/CONTAINERS

After the cremated remains have been processed, they will be placed in the designated urn or container. 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 container provided 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 Cremation Authorization 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 size of 200 cubic inches. If such an urn or container is not provided for the cremated remains, then Crematory will place the cremated remains in a container designed for shipping or permanent storage.

FINAL DISPOSITION

Cremation is NOT final disposition, nor is placing the cremated remains in storage at a funeral home final disposition. The cremation process simply reduces the decedent's body to cremated remains. These cremated remains usually weigh several pounds and usually measure in excess of 150 cubic inches. Some provision must be made for the final disposition of these cremated remains. Therefore, Crematory strongly suggests that arrangements for final disposition be made at the time that the cremation arrangements are made and that the Cremation Authorization Form is completed.

If the final disposition of the cremated remains has not been completed within _____ days of the cremation, then Crematory shall be authorized to arrange for the final disposition of the cremated remains in any manner permitted by law. Such final disposition may include the commingling of the cremated remains with other cremated remains, and thereafter the cremated remains of the decedent will not be recoverable.

If the option selected for final disposition includes scattering, then the cremated remains will not be recoverable. If scattering is performed in a common area, then the cremated remains may be commingled with particles of other cremated remains that have been previously scattered.

LIMITATION OF LIABILITY

The obligations of Crematory shall be limited to the cremation of the decedent and the disposition of the decedent's cremated remains as authorized on the Cremation Authorization Form. No Warranties Express or Implied are Made and Damages Shall be Limited to the Amount of the Cremation Fee Paid.

FOOTNOTES TO CREMATION AUTHORIZATION AND DISPOSITION FORM

1. **PRE-NEED CREMATION ARRANGEMENTS:** This section is optional, as the entire issue of pre-need cremation arrangements and authorizations may depend on state or provincial law. The information requested, however, may be quite helpful in clarifying the decedent's wishes, particularly in those situations in which there is some ambiguity or conflict among the survivors.
2. **WITNESSING:** This section may be omitted, depending upon Crematory's policy. Alternatively, a provision could be inserted which states that it is the crematory's policy not to allow anyone to witness the cremation, unless required to do so because of the religious practices of the family.
3. **FINAL DISPOSITION:** if the crematory's policy is to return the cremated remains to the funeral home, then this entire section may be omitted.
4. **AUTHORITY OF AUTHORIZING AGENT:** The following provisions are optional. One or both can be added. The specifics of these provisions may vary depending on State or Provincial law.
 - A. There is another living person (_____) who has the right to control the final disposition of the decedent, but that person has provided me (us) with written permission to arrange for the cremation of the decedent, and I (we) agree to hold Crematory harmless and to indemnify Crematory in the event that such person objects to the cremation. **INITIALS OF AA** _____
 - B. There is another living person (_____) who has the right to control the final disposition of the decedent. I (We) have made all reasonable efforts to contact this person, but have been unable to do so. However, I (We) have no reason to believe that this person would object to the cremation of the decedent. **INITIALS OF AA** _____
5. **CASKETS/CONTAINERS:** This provision should be carefully reviewed to be sure that it complies with a particular crematory's specific operating procedures. As an alternative to paragraph three in this section, the crematory could delete the paragraph and insert:

Crematory Does Not Accept Metal Caskets.
6. **THE CREMATION PROCESS:** This provision will probably vary if Crematory is affiliated with a funeral home.
7. **THE CREMATION PROCESS:** As some crematories do not remove foreign matter, this provision should be carefully reviewed to be sure that it corresponds with a crematory's actual practices.
8. **THE CREMATION PROCESS:** As some crematories do not mechanically pulverize as a matter of course, this provision should be carefully reviewed to be sure that it corresponds with the crematory's actual practices. In any event, the crematory's specific procedures should be spelled out. In particular it should be noted whether consumers are given a choice as to processing procedures or if the same steps are followed in all cases. The crematory should also specify the expected size (e.g., 1/4 inch, 1/8 inch, granulated particles) of the cremated remains at the conclusion of its processing procedures.

CREMATORY WORKSHEET

For Crematory Use Only

Name of Decedent: _____

Name of Funeral Home _____

Address of Funeral Home _____

Telephone Number _____

Funeral Director in Charge: _____

Funeral Director who obtained Cremation Permit: _____

Is any type of service to be held at the funeral home? Yes No
If yes, indicate day, date and time _____

Is any type of service to be held at *Crematory*? Yes No
If yes, indicate day, date and time _____

Is any type of service to be held elsewhere prior to cremation? Yes No
If yes, indicate day, date and time _____

Is any type of service to be held elsewhere after cremation? Yes No
If yes, indicate day, date and time _____

Are there any people who wish to witness the casket or container being placed in the cremation chamber? Yes No
If yes, indicate their name(s) _____

Person who delivered human remains to crematory _____

Cremation No. _____

Type of casket or container delivered _____

Date of Cremation _____

Type of urn or container delivered _____

Time of Cremation _____

Day/Date/Time of Delivery _____

Operator in Charge _____

Comments _____

Cremated Remains Delivered to _____

Devices _____ Type _____

Cremated Remains Delivered by _____

Day/Date/Time of Removal _____

Day/Date/Time of Delivery _____
