

3. PACEMAKERS, IMPLANTS, AND PROSTHESES

Pacemakers, radioactive, or other implants, mechanical devices or prostheses may create a hazardous condition when placed in the cremation chamber and subjected to heat. As Authorizing Agent, I have listed below (including mechanical, prosthetic, implants, or materials), which may have been implanted in or attached to the Decedent.

Description of Devices:

Please initial one of the following statements:

- (Initials) The remains of the Decedent do not contain any Devices.
- (Initials) As Authorizing Agent, I instruct the Funeral Home to remove any pacemaker or any other explodable implant. Unless indicated directly below, the Funeral Home is to dispose of all such Devices.
- (Initials) The Devices listed that are to be removed by a licensed medical/dental professional and returned to the Authorizing Agent.

4. CASKET OR ALTERNATIVE CONTAINER

The Porter Crematory **DOES NOT** accept Metal or Fiberglass caskets for cremation. An alternative container is described as a container that is capable of being completely closed, is resistant to leakage or spillage, is sufficiently rigid to be handled easily, and provides protection for the health and safety of Crematory and Funeral Home personnel. I further understand that the casket or alternative container will be consumed as part of the cremation process.

5. URN OR TEMPORARY CONTAINER

After the cremated remains have been processed, they will be placed in the urn listed or, if an urn is not provided to the Crematory, in a temporary container provided by the Crematory. In the event the urn or temporary container is insufficient to accommodate all of the cremated remains, the excess will be placed by the Crematory in a secondary container. This secondary container will be kept with the urn or the temporary container and handled according to the final disposition. Sealed Not Sealed

6. LEGAL AUTHORIZED PERSONS

- Undersigned is the surviving spouse of the decedent
- Undersigned are the surviving children (total #) of the decedent who are 18 years of age or older with there being no surviving spouse.
- Undersigned is acting as legal guardian for decedent's children who are under 18 years of age.
- Undersigned are the surviving parents (total #) of the decedent with there being no surviving spouse or children.
- Undersigned are the surviving brothers and sisters (total#) of the decedent who are 18 years of age or older with there being no surviving spouse, children or parents.
- Undersigned are the surviving grandchildren (total#) of the decedent with there being no surviving spouse, children, parents or siblings.
- Undersigned are the surviving grandparents (total#) of the decedent with there being no surviving spouse, children, parents, or siblings.
- Undersigned are the surviving next of kin of closest degree to the decedent with there being no surviving spouse, children, parents, siblings, grandchildren or grandparents.
- Undersigned is the attorney-in-fact or health care surrogate of the decedent at the time of death and can serve as the legally authorized person since either no family exists or is available.
- There is no surviving persons as listed above and I am a friend or other person willing to assume the responsibility as the Authorizing Agent.
- In the absence of any of the above, by order of District Court.

7. AUTHORIZATION TO CREMATE

The undersigned hereby requests and authorizes the Porter Funeral Homes & Crematory, in accordance with and subject to its rules, regulations, and all state and local laws to cremate the remains of who died at on the day of , .

I/We certify and represent that we have the right to make such authorization and agree to indemnify and hold harmless the Porter Funeral Homes & Crematory, its affiliates, officers, agents, employees, and assigns harmless from any and all loss, damages, claims, demands, liability of causes of action (including attorney fees and expenses of litigation) in connection with the cremation processing and disposition of the cremated remains as authorized herein.

I/WE UNDERSTAND THE COMPANY WILL SEEK LEGAL ACTION TOWARDS THE UNDERSIGNED IF THERE IS ANY FORM OF MISREPRESENTATION OR FRAUD ON MY/OUR PART WHILE ACTING AS THE AUTHORIZING AGENTS.

Signature (Authorizing Agent): Relationship:
Address: Date: Telephone No.

Signature (Authorizing Agent): Relationship:
Address: Date: Telephone No.

Signature (Authorizing Agent): Relationship:
Address: Date: Telephone No.

8. ORDER OF DISPOSITION

Return to family or designated representative. **ONLY THE PERSON(S) NAME THAT APPEARS ON THIS FORM WILL RECEIVE THE CREMATED REMAINS. POSITIVE IDENTIFICATION MUST BE SHOWN AT THE TIME OF PICK-UP FROM THE COMPANY. THERE ARE NO EXCEPTIONS.**

Cremated Remains to be picked up by:

1. 2. 3. 4.
Person taking custody of cremated remains: Date: Time: .

I appoint the company as my agent to make shipment of said cremains via US Postage Mail of scheduled Air Freight. I am aware that the Porter Funeral Homes & Crematory services have been fully completed when the cremated remains have left the Porter Funeral Homes & Crematory possession and I indemnify and hold harmless the company from any and all claims arising from such mailing.

Signature of Funeral Director or witness Date