Porter Funeral Homes & Crematory

CREMATION AND DISPOSITION AUTHORIZATION

Requirements for Cremation

Cremation Will Take Place **ONLY** after all the following conditions have been met: 1. Any scheduled viewings have been completed. 2. All necessary authorizations required by the family have been obtained, and no objections have been made. 3. All civil and medical authorities have issued all required permits and authorization. 4. Positive identification of the decedent has been accomplished by the next of kin or person who assumes responsibility for identification for next of kin.

This Authorization Form must be completed and signed prior to the cremation. Please read it carefully and ask us any questions you may have. Cremation is an irreversible and final process.

THE CREMATION PROCESS

Cremation is performed to prepare the remains of the Decedent for final disposition. It is carried out by placing the Decedent's remains in the casket or alternative container, which is then placed into a cremation chamber or retort where they are subjected to intense heat and flame. All cremations are performed individually. Upon completion of the Calcine Cycle all substances are consumed or driven off, except bone fragments (calcium compounds) and metal (including dental gold and silver and other non-human materials). 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 prostheses or dental bridgework) that are left with the remains and not removed from the casket or container prior to cremation may be destroyed or if not destroyed, will be disposed of by the Crematory. The Authorizing Agent understands that arrangements must be made with the Funeral Home to remove any such possessions or valuables prior to the time that the remains of the Decedent are transported to the Crematory. Following a cooling period, the cremated remains, are then swept or raked from the cremation chamber. The cremated cremains will be separated from most metal (including dental gold and silver) and other nonhuman material to which may be affixed, bone particles or other human residue. These materials will be disposed of in a nonrecoverable manner unless otherwise specified. Although the Crematory will take reasonable efforts to remove all of the cremated remains from the cremation chamber, it is impossible to remove all of them, as some dust and other residue from the process will be left behind. In addition, while every effort will be made to avoid commingling, inadvertent and incidental commingling of minute particles of cremated remains from the residues of previous cremations is a possibility, and the Authorizing Agent understands and accepts this fact. The cremated remains are then mechanically processed (Pulverized).

It is important that you understand the cremation process that is described in this Authorization Form prior to signing it. We want you to fully understand the information provided in this Authorization Form, so we will be pleased to answer any questions about the cremation process or the other information in this Form.

(Initial) I have read the above description of the cremation process and have no further questions about my decision to proceed.

Name of Decedent:			t: Date of Des	ath:	
Place of Death:				Sex: M	F
Age: _		DOB	S.S.:		

1. IDENTIFICATION/VIEWING

The undersigned has elected NOT to physically identify the remains and grants the company permission to proceed at their earliest convenience, upon receipt of all approvals.

Authorized Agent

Since I/We have declined to physically identify the deceased, I /We give permission to Porter Funeral Home & Crematory to photograph the deceased in the casket/container prior to the cremation process, and to maintain that photograph in their files.

Authorizing Agent

I/We understand and accept the identification was made through the Medical Examiners Office or other facility, using DNA, dental records and/or fingerprints.

Authorizing Agent

0 0							
The undersigned hereby requests to identify	or view the deceased. The	The undersigned further acknowledges that any changes with re	spect to				
this option must be presented in writing prior to the cremation process and may result in a delay in scheduling the cremation process.							
Authorizing Agent	Viewing Da	ate Viewing Time					
List of poople to View or Identify:							

List of people to View or Identify:

2. WITNESS OF CREMATION

Witnessing a cremation can be an emotional experience. Witnesses are assuming the risks involved and fully release the Porter Funeral Home and Crematory from any liability. To the extent permitted by the Crematory, the persons listed below are authorized to be present at the viewing window during the initiation of cremation.

Authorizing Agent_____

Lists of Witnesses

-or have the family write-----"family declines"

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)
 (Initials)

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 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, or siblings, 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 L am a friend or other person willing to assume the responsibility as the Authorizing Agent
 - 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 ______ 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: 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. POSITVE IDENTIFICATION MUST BE SHOWN AT THE TIME OF PICK-UP FROM THE COMPANY. THERE ARE NO EXCEPTIONS.

Cre	emated	Remains	to	be	picked	up	by:

1	2	3	4	
Person taking custody of cremate	d remains:	D	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_____