

**Authorization for Cremation and Disposition**

NOTICE: This is a legal document. It contains important provisions concerning cremation. Cremation is irreversible and final. Please read this document carefully before signing.

I/We, the undersigned, certify, warrant, and represent that I/We have the full legal right and authority, and know of no living person who has a superior priority right under state law, to authorize cremation, processing and disposition of the remains of \_\_\_\_\_ (hereinafter referred to as the "Deceased")

Time and Date of Death \_\_\_\_\_  
I/We hereby request and authorize **Palermo & Zawacki Funeral Home, Inc** (hereinafter referred to as "Funeral Home") to take possession of and make arrangements for the cremation of the remains of the Deceased at \_\_\_\_\_ (hereinafter referred to as "Crematory").

I/We authorize the Crematory to return the cremated remains of the Deceased to the possession and custody of the Funeral Home. I/We understand that the services and obligations of the Crematory shall be fulfilled when the cremated remains of the deceased are returned to the possession and custody of the Funeral Home. I/We hereby authorize the Funeral Home to arrange for the disposition of the cremated remains as follows: \_\_\_\_\_

\*Funeral Home and Crematory are not responsible for any loss or damage of cremated remains via Registered Mail with the United States Postal Service. 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. The Crematory is authorized and may remove and dispose of handles, ornaments, and any other noncombustible items attached to the cremation container prior to cremation.
- 2.) The Crematory will not cremate any human remains which contain any type of implanted mechanical or radioactive device i.e., pacemaker, etc. In the event the remains of the Deceased contain such a device, I/We direct the Funeral Home to be responsible for the removal of any such mechanical devices from the remains of the Deceased prior to cremation and dispose of such items at its discretion. Funeral Home will accept the liability for damage to crematory equipment and personnel for failure to comply.
- 3.) The Cremation container containing the remains of the Deceased will be placed in the cremation chamber and will be totally and irreversibly destroyed by prolonged exposure to intense heat and direct flame.
- 4.) 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 any items, 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.
- 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.) Unless an urn or container suitable for shipment is purchased, the Crematory will place the cremated remains of Deceased in a container which is not designed for any type of shipment.
- 7.) In the event the urn or container is insufficient to accommodate all of the cremated remains of the Deceased, any excess cremated remains will be placed in a secondary container and returned to the Funeral Home, together with the primary container.
- 8.) I/We understand and acknowledge, that even with the exercise of reasonable care and the use of the Crematory's best efforts, it is not possible to recover all particles of the cremated remains of the Deceased, and that some particles may inadvertently become commingled with particles of other cremated remains remaining in the cremation chamber and/or other devices utilized to gather and process the cremated remains. I/We hereby authorize the Crematory to disposed of any such residual particles in any lawful manner it deems appropriate.
- 9.) In the event the cremated remains of the Deceased remain unclaimed for a period of 30 days, the Funeral Home shall give written notice to me/us by certified mail at the address(es) indicated below. I/We agree that in the event the cremated remains of the Deceased remain unclaimed, for a period of 120 days after the date such written notification is mailed, the Funeral Home is authorized and directed to dispose of the unclaimed cremated remains of the Deceased in any lawful manner it may deem appropriated.
- 10.) I/We agree to indemnify, release and hold the Crematory, Funeral Home their affiliates, agents, employees and assigns, harmless for any loss, damages, liability, or causes of action (including attorney's fees and expenses of litigation) in connection with the cremation or disposition of the cremated remains of the deceased, as authorized herein, or may/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.
- 11.) Except as set forth in this Authorization, no warranties, expressed or implied, are made by the Funeral Home, Crematory, or any of their respective affiliates, agents, or employees.

**Signature of Person(s) Authorizing Cremation and Disposition**

I/We warrant that all representations and statements made herein are true and correct, and that I/  
We have read and understand the provisions contained in this document.

Next of Kin or Legal Representative \_\_\_\_\_

Relation to Deceased \_\_\_\_\_ Address \_\_\_\_\_

Funeral Home \_\_\_\_\_ Address \_\_\_\_\_

**Authorization for Cremation and Disposition (At Need)**

**NAME OF DECEDENT:** \_\_\_\_\_

*Additional Next Of Kin ("Authorizing Agents")*

Name: \_\_\_\_\_ Relationship to Decedent: \_\_\_\_\_

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

Signature X \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Decedent: \_\_\_\_\_

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

Signature X \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Decedent: \_\_\_\_\_

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

Signature X \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Decedent: \_\_\_\_\_

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

Signature X \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Decedent: \_\_\_\_\_

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

Signature X \_\_\_\_\_ Telephone Number: \_\_\_\_\_

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**PLEASE EMAIL A COPY OF PHOTO ID OR DRIVERS LICENSE TO [INFO@STATECREMATIONS.COM](mailto:INFO@STATECREMATIONS.COM) FOR AUTHORIZING AGENT(S)**

Witness: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Signature X \_\_\_\_\_ Date: \_\_\_\_\_