



Alternative Funeral & Cremation Services

Date of Birth: _____

Date of Death: _____

Social Security Number: _____

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

NAME OF CREMATORY ESTABLISHMENT

NAME OF FUNERAL ESTABLISHMENT

Alternative Funeral & Cremation Services

I, THE UNDERSIGNED, HEREBY AUTHORIZE THE CREMATORY AND FUNERAL ESTABLISHMENT NAMED ABOVE TO CREMATE THE REMAINS OF:

NAME OF PERSON TO BE CREMATED

I hereby certify that I am the nearest degree of relationship to the deceased and that I have the legal right or am charged to authorize this cremation and the disposal of the cremated remains. I understand that 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 prior to cremation will be destroyed or if not destroyed, will be disposed of by the crematory. I further agree that I will indemnify and hold harmless the crematory, funeral establishment, funeral director, their officers and/or employees from any liability, costs, expenses or claims resulting from this authorization.

I request that following cremation, the funeral home make disposition of the cremated remains as follows:

Initials

I specifically agree that if the said cremated remains are left in the custody of Alternative Funeral & Cremation Services for over _____
Name of Funeral Establishment

thirty (30) days, Alternative Funeral & Cremation Services may make whatever disposition of the cremated remains it deems appropriate.
Name of Funeral Establishment

I further state that the deceased has not had a heart pacemaker implanted, radiation producing implant device nor any other life sustaining device that could be explosive. If such a device exists, I have instructed the Funeral Director or others to remove it before cremation. I further agree that in the event of my failure to notify the Funeral Director or others responsible for the removal of such a device, I will be liable for any damages to the crematorium or injury to the crematorium personnel.

Permission given to remove pacemaker or any potentially explosive medical device Yes N/A

Signature	Date	Time
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Relationship to Deceased	Telephone Number
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Address (City, State, Zip Code)

WITNESS

Name (Signature)	Address (City, State, Zip)
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Name (Signature)	Address (City, State, Zip)
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