

Authorization for Cremation and Disposition of Cremated Remains

NAME OF DECEDENT			DATE
DATE OF BIRTH	DATE OF DEATH	PLACE OF DEATH	SEX
NAME OF CREMATORY		LOCATION (city, state)	ME Permit Number

The term "Authorized Agent(s)" used throughout, refers to the individual or individuals retaining the right to control disposition and are the duly authorized next of kin, or the legal or funeral representative(s) of the deceased. I/we represent that I/we have full lawful authority to take this action under MCL 700.3206, that there is no person with higher priority, and that I/we have made an attempt to contact each person with rights to authorize disposition and know of no objection. I/we acknowledge that AJ Desmond & Sons Funeral Directors, Inc. relies on these representations in arranging for the cremation of the deceased.

CREMATION

Because cremation is a final irreversible decision, it is important that you have a full understanding of the process. Please take the time to read this document carefully and to ask any questions you may have.

CREMATION PROCESS

Every cremation is performed individually. The decedent is placed in a casket or container and inserted into the crematory chamber (retort). In this chamber, through intense heat and flame (1400 to 1800 degrees Fahrenheit) the body and the container are reduced to basic components referred to as cremated remains. It may be necessary to open the chamber and reposition the deceased to facilitate a thorough cremation. The entire cremation process generally takes from 2 to 4 hours.

Any valuables such as jewelry or dental gold left with the decedent will be destroyed and unrecoverable after the cremation process. These items, along with any prosthetic parts and non-combustible container parts (i.e. hinges, nails, etc.) will be removed by visible or magnetic selection from the cremated remains and disposed of by the crematory. Depending on the composition of these remnants, the crematory may recycle and retain the proceeds of any metal that is eligible for recycling and dispose of any remaining metal not eligible for recycling with the remainder of the non-combustible material.

Following a cooling period, the cremated remains are removed from the crematory chamber and mechanically pulverized. Although cremated remains are referred to as ashes, they are in fact bone fragments (calcium compounds). Despite best efforts to recover all remains from the cremation chamber, fine particles and dust may remain, and these materials from prior cremations may be commingled with the remains of the deceased.

Unless an urn is purchased, the crematory will place the remains in a container which is designed for short term use and is not recommended (and in many cases not permitted by various policies) for ceremonial services, earth burial, inurnment, or shipment by common carrier.

IDENTIFICATION OF THE DECEDENT AND FAMILY FAREWELL *(Choose 1 option)*

The decedent must be positively identified prior to cremation.

- ☐ The undersigned, having been provided the opportunity to physically view the remains, do positively identify same as that of the person named above. Identification occurred: **Date:** _____ **Time:** _____ **By:** _____
- ☐ Identification was made by recent photograph of the decedent by request of and with permission of the Authorizing Agent(s) with said photograph being made a permanent part of the decedent's Funeral Home file.
- ☐ Identification was made through the Medical Examiner's Office, using DNA, dental records and/or fingerprints.

The decedent has been identified by one of the above methods. I/we authorize the Funeral Home to deliver the decedent to the Crematory for cremation and to arrange for the final disposition of the cremated remains, as selected. I/we assume all liability for mistaken identification.

Initial _____

MEDICAL DEVICES AND IMPLANTS

I/We authorize a representative of the Funeral Home to surgically remove or arrange for the removal of any hazardous implants/ devices, such as a pacemaker, prostheses, or mechanical or radioactive devices or implants. If such devices include metals eligible for recycling, I/we authorize a representative of the Funeral Home to arrange for the recycling of such materials. If any prostheses or other mechanical devices or implants were not removed prior to cremation, and any remnants remain following cremation, I/we authorize the Crematory to dispose of these materials, which may include the recycling of eligible metals. If our Funeral Home is not notified about such devices or implants, and not permitted to remove them or arrange for their removal, then the Authorizing Agent(s) are responsible for any and all damages caused to the Crematory or injury to crematory personnel.

Pacemaker ☐ Yes ☐ No Initial _____

DISPOSITION OF CREMATED REMAINS

I am/We are aware that decisions must be made at this time for the final disposition of the cremated remains and authorize the Funeral Home to deliver, ship, release or dispose of the cremated remains as soon as possible as follows.

Please select all that apply:

- ☐ Temporary Urn
- ☐ Permanent Urn - Type_____
- ☐ Multiple Urns - Number _____
- ☐ Cemetery_____
- ☐ Columbarium_____
- ☐ Have all/portion of cremated remains solidified by Parting Stones at an additional charge
- ☐ Ship U.S. Postal Service via Priority Mail Express *(In selecting shipment by the U.S. Postal Service, the Authorizing Agent(s) acknowledge and assume the risk that the cremated remains may be lost or damaged during shipment and release the Funeral Home from any liability therefor.)*
- ☐ Release cremated remains to undersigned individual(s) below or _____

If the disposition selected is not completed within **SIXTY (60) days**, I hereby give A.J. Desmond & Sons permission to dispose of the cremated remains as allowed by law. Initial _____

WITNESS OF TRANSFER *(Choose 1 option)*

- ☐ We request to witness the transfer of the deceased to the crematory
- ☐ We request the cremation to be done according to the availability of the crematory.

AUTHORIZATION FOR CREMATION

I/We, the undersigned, authorize and request that the Crematory, in accordance with and subject to its rules and regulations, and any applicable state and local laws or regulations, cremate the body of the decedent in the container selected by the Authorizing Agent(s). I/We indemnify and hold harmless A.J. Desmond & Sons from any claim, loss, or cause of action based on any false statement, misidentification, or non-identification made to effect cremation and disposition of the cremated remains. By signing this Cremation Authorization, I/we warrant that all representations are true and correct and that I/we have read and understand each provision in this document. I/We have read the document in its entirety, understand cremation is a final and irreversible process, and that all questions about the cremation process have been answered.

SIGNATURE OF AUTHORIZING AGENT(S) _____ # of signatures required

Signature _____

Relationship _____

Date _____

Signature _____

Relationship _____

Date _____

Signature _____

Relationship _____

Date _____

Signature _____

Relationship _____

Date _____

Funeral Director _____

Date _____

For Office Use:

Need Returned by _____

- ☐ Personal Items Removed
- ☐ Family Farewell Complete
- ☐ Witness of Transfer on _____
- ☐ Authorization for Crematory transfer _____
- Date/Time to Crematory _____ By _____