

# Foothills Crematory, Inc.

Number \_\_\_\_\_

## AUTHORIZATION FOR CREMATION AND DISPOSITION

I/We, the undersigned, the "Authorized Agent(s), hereby authorize and request (hereafter), In accordance with and subject to its rules and regulations, and any applicable state or local laws or regulations, to cremate the human remains of:

(the decedent) and arrange for the final disposition of the cremated remains, as set forth on this form. I/We, have identified the human remains that were delivered to Foothills Crematory, as the decedent and have authorized the Funeral Home to deliver the decedent for cremation

### IDENTIFICATION

Date of Death \_\_\_\_\_ Time of Death \_\_\_\_\_

Place of Death \_\_\_\_\_, County \_\_\_\_\_, State \_\_\_\_\_

PACEMAKERS AND MEDICAL DEVICES: Upon cremation, pacemakers and other similar medical devices may cause injury or damage to crematory personnel or equipment. The undersigned represents that the body of the deceased is free from such potentially dangerous devices and the undersigned agrees to assume responsibility for damage to persons or property and for any claims for damages, including a reasonable attorney's fee for the defense thereof, arising out of the cremation of any such devices contained in the body. In the event that the body contains such a device, authorization is hereby given to the funeral director for its removal prior to cremation

### FINAL DISPOSITION

After cremation has taken place, the cremated remains have been processed and the processed cremated remains placed in the designated receptacle, will arrange for the disposition of the cremated remains as follows, and the Authorizing Agent(s) hereby authorize to release, deliver, transport or ship the cremated remains as specified by checking one of the following:

- Release to funeral home
- Deliver to \_\_\_\_\_
- Deliver to the U.S. Postal Service for shipment by registered, return receipt mail to: \_\_\_\_\_, A charge will be made for this service.

### AUTHORITY OF AUTHORIZING AGENT

I/We, the undersigned hereby certify that I/We are am/are the closest living next of kin of the decedent and that I/We am/are related to the decedent as His/Her \_\_\_\_\_, or that I/We otherwise serve in the capacity of \_\_\_\_\_ to the decedent, that I/We have charge of the remains of the decedent and as such possess full legal authority and power, according to the laws of the state of SC to execute the authorization form and to arrange for the cremation and disposition of the cremated remains of the decedent. In addition, I/We are aware of no objection to this cremation by any spouse, child, parent or sibling.

### LIMITATION OF LIABILITY

I/We the undersigned hereby agree to indemnify, defend and hold harmless, FCI, the funeral home, their officers, agents, and employees, of and from any and all claims, demands, causes of action, and suits of every kind, nature and description, in law or equity, including any legal fees, costs and expenses of litigation, arising as a result of, based upon or connected with this authorization, Including the failure to properly identify the decedent or the human remains transmitted to FCI, the processing, shipping and final disposition of the decedent's cremated remains, the failure to take possession of or make proper arrangements for the final disposition of the cremated remains, any damage due to harmful or explodable implants, claims brought by any other person(s) claiming the right to control the disposition of the decedent's cremated remains, or any other action performed by FCI, the funeral home , their officers, agents, or employees, pursuant to this authorization, excepting only acts of willful negligence.

### SIGNATURES OF AUTHORIZING AGENT(S)

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

By executing this Cremation Authorization Form, as authorizing agent(s) the undersigned warrant that all representations and statements contained on this form are true and correct, that these statements were made to induce FCI to cremate the human remains of the decedent and that the undersigned have read and understand the provisions contained on this form

Executed at \_\_\_\_\_ on \_\_\_\_\_

NAME (Print) \_\_\_\_\_ Signature \_\_\_\_\_

Relationship to deceased \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_, City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

NAME (Print) \_\_\_\_\_ Signature \_\_\_\_\_

Relationship to deceased \_\_\_\_\_ Phone # \_\_\_\_\_

SIGNATURE OF FUNERAL DIRECTOR AS WITNESS \_\_\_\_\_

FUNERAL HOME \_\_\_\_\_