

CREMATION AUTHORIZATION

Regarding the cremation of:

Name _____ Date of Death: _____

The cremation, processing and disposition of the remains of the deceased shall be performed in accordance with all governing laws, the policies, procedures and requirements of _____ (hereinafter referred to as the "Funeral Home").

This document describes many of the policies and requirements of the Funeral Home. We prefer each Authorizing Agent(s), (hereinafter referred to as the "AA") to read this carefully and initial each section before executing this authorization. It is the responsibility of the legal survivors, not the Funeral Home, to make sure all required signatures are provided. It may be necessary to fax or email this document to another legal survivor upon your direction.

Initials of AA _____

I/We hereby request and authorize the Funeral Home to take possession of and make arrangements for the cremation of the remains of the deceased at OMS Crematory (hereinafter referred to as the "Crematory"). Also, I/we agree to indemnify and hold the Funeral Home, AND OMS Crematory, its officers, agents and employees harmless from any and all loss, costs, or damages (including attorney fees) it or they may suffer or incur by reason of acting upon the order and authorization set forth.

Initials of AA _____

- A. **THE CREMATION PROCESS. All cremations are performed individually.** Cremation is performed by placing the deceased in a container and then placing the container into a cremation chamber where the temperature is raised to about 1700 degrees Fahrenheit. During the cremation process, it may be necessary to open the cremation chamber and reposition the deceased in order to facilitate a complete and thorough cremation. Incineration of the container and contents is accomplished, and most substances are consumed, except bone fragments (calcium compounds), glass and metal, as the temperature is not sufficient to completely consume them. Following a cooling period, the cremated remains, which will normally weigh several pounds in the cases of an average size adult, are then swept or raked from the cremation chamber. **(Please note that in the event of the cremation of an infant: due to the limited bone structure of an infant, it is not possible to guarantee the return of any cremated remains.)** In addition, while every effort is made to avoid commingling, inadvertent or incidental commingling of minute particles of the cremated remains from the residue of previous cremations is a possibility. After the cremated remains are removed from the cremation chamber, all non-combustible materials (insofar as possible), such as bridgework, and materials from the container, such as hinges, latches, etc., will be separated and removed from the human bone fragments by visible or magnetic selection and will be disposed of by the crematory with similar materials from other cremations in a non-recoverable manner. The cremated remains are then processed to allow for placement in a suitable container. **The crematory makes a reasonable effort to put all of the cremated remains in the container with the exception of dust and other residue, which may remain on the equipment.**

Initials of AA _____

- B. **PROCEDURES.** The non-combustible items 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.

Initials of AA _____

- C. **DEVICES.** Mechanical or radioactive devices in the deceased may create a hazardous condition when placed in the cremation chamber. It is imperative that these items be removed prior to cremation. The Funeral Home or Crematory has no duty to inspect the body for these items. I/We also understand that in the event of failure to notify the Funeral Director or others responsible for the removal of such a device, I/We will be liable for any damages to the crematory or injury to crematory personnel. I/We hereby certify that the human remains of the deceased **Do () Do Not ()** contain any such devices. In the event any of these devices are present, I/we hereby authorize the Crematory, and its agents and employees, to remove any such devices from the remains of the deceased prior to cremation & dispose of them.

Please describe any such devices: _____ **(CREMATORY WILL VERIFY)**

Initials of AA _____

- D. **Was the death due to a communicable or otherwise dangerous disease?** _____ Yes _____ No **Initials of AA** _____

- E. **CASKET/CONTAINER.** The Crematory requires that the body of the deceased be cremated in a suitable container to provide dignity for the deceased and safety for the Crematory staff. This container must meet the following standards: (1) be composed of readily combustible materials suitable for cremation; (2) have a minimum of 5 sides (top not required); (3) be resistant to leakage or spillage; (4) be rigid enough for handling with ease. The crematory does not accept metal containers or metal caskets. If a ceremonial (rental) casket is selected, I/we acknowledge and accept that this casket has been used before and may be used again.

The cremation process will take place in the following container: 5-sided rigid container provided by OMS unless otherwise specified

Initials of AA _____

URNS/CONTAINERS. After the cremated remains have been processed, the cremated remains will be placed in a designated urn or container. The Crematory will make a reasonable effort to put all of the cremated remains in the urn or container. In the event the urn or container provided is insufficient to accommodate all of the cremated remains, the excess will be placed in a secondary container and will be handled according to disposition instructions listed in the document.

The cremated remains will be placed in the following urn or container: temporary plastic container provided by OMS

Initials of AA _____

G. **VIEWING.** I/We **will** () **will not** () view the decedent before cremation. This viewing will take place on _____(day), _____(date), _____(time), at _____(location).

Initials of AA _____

H. **TIME OF CREMATION & WITNESSING.** The Crematory is authorized to perform the cremation upon receipt of the human remains, (as well as permit & authorization) at its discretion, according to its own time schedule, as work permits, without obtaining any further instructions. _____**Yes** _____**No** If no, the cremation shall take place on _____(day), _____(date). For those choosing to witness the cremation, the policy of Crematory is that once the cremation begins, the chamber door shall remain closed until the process is completed. I/We **will** () **will not** () witness cremation. If yes, a special request form must be submitted with the permit & authorization. Witness _____(time), _____(date).

Initials of AA _____

I. **DISPOSITION OF ANY PERSONAL EFFECTS FROM PLACE OF DEATH; OR PROVIDED BY FAMILY FOR VIEWING OR SERVICE: (Itemize)**

- **Cremate with remains**

- **Return to survivors: ANYTHING TO BE RETURNED TO NOK NEEDS TO BE ON OMS SPECIAL REQUEST FORM. GO TO WWW.OKLAHOMAMORTUARYSERVICE.COM, CLICK ON THE DOCUMENTS TAB & COMPLETE A SPECIAL REQUEST FORM TO BE SENT WITH PERMIT & THIS AUTHORIZATION FORM.**

- **Remove/place in urn** _____

Initials of AA _____

J. **FINAL DISPOSITION.** Cremation is not the final disposition, nor is placing the cremated remains in storage at the funeral home final disposition. The cremation process simply reduces the human body to cremated remains. The cremated remains usually weigh several pounds and usually consist of volume in excess of 150 cubic inches. **(Please note that in the event of the cremation of an infant: due to the limited bone structure of an infant, it is not possible to guarantee the return of any cremated remains.)** Therefore, the Crematory strongly suggests that arrangements for the final disposition be made when the arrangements and the cremation authorization are completed. Your informed decision can minimize survivor trauma, ease the passage through the stages of grief, and provide a focal point of memories for generations to come. At the conclusion of the cremation, the cremated remains will be processed and placed in the designated urn or container, at which time the Crematory will arrange for the disposition of the cremated remains as follows, and the Authorizing Agent(s) hereby authorizes the Crematory to release, deliver, transport, or mail the cremated remains as specified. **(SOME PROVISION FOR THE FINAL DISPOSITION OF THE CREMATED REMAINS MUST BE MADE.)**

Initials of AA _____

CHOOSE BY INITIALING ONE OF THE FOLLOWING CHOICES BELOW:

1. _____The cremated remains shall be released to, and picked up by the following designated person(s):

2. _____Deliver cremated remains to the Funeral Home.

3. _____Deliver the cremated remains to _____Cemetery. Date and time: _____

4. _____Deliver the cremated remains to the U.S. Postal Service for shipment by Registered, Return Receipt Mail or by:

- Send to: Name _____

- Full Address _____

By choosing this option, I/we assume all liability that may arise from such shipment and indemnify and hold the Funeral Home and Crematory harmless from any and all claims that may arise from said shipment. **(Be advised that the United States Postal Service is the only company which ships cremated remains).**

5. _____Other _____

AUTHORITY OF AUTHORIZING AGENT(S)

The Funeral Home hereby affirms they have done their due diligence to find the legal next of kin.

I/We hereby represent that the following is true and correct (circle or fill – in information as applicable):

1. YES NO The deceased left a written instrument regarding decedent’s last wishes, ceremonial arrangements regarding decedent’s death or who may direct the ceremonial arrangements regarding decedent’s death.

2. YES NO There is a surviving spouse of the deceased.
Name _____

3. YES NO There are adult surviving children of the deceased. How many? _____
List _____
List _____

4. YES NO There are surviving parents of the deceased.
List _____
List _____

5. YES NO There are adult siblings of the deceased. How many? _____
List _____
List _____

8. YES NO A grandparent of the decedent. Name _____

9. YES NO A guardian of the person of the decedent at time of death. Name _____
(Provide Guardianship documentation)

10. YES NO Any person who: (a) Is at least 18 years of age; and (b) Executes and affidavit affirming: (1) That he or she knew the decedent; (2) The length of time that he or she knew the decedent; (3) That he or she does not know the whereabouts of any of the persons specified in paragraphs (a) to (h), of NRS 451.024, inclusive, of subsection 1; and (4) That he or she willingly accepts legal and financial responsibility for the cremation of the human remains of the decedent.
Name of person _____ (Provide documentation attesting to such)

11. YES NO The Public Administrator or Department of Human Services is empowered to carry out the disposition. (If decedent is indigent)

12. If #1 through #11 do not apply, please explain below (or on a separate attached sheet):

I/We, the undersigned, hereby warrant and represent that the above information is true and correct.

Strike through either or both of the following sentences if they are untrue or do not apply:

- **I/We have the legal right to control disposition of the last remains or ceremonial arrangements of decedent.**
- **I/We further warrant and represent that no party has the greater rights than I or we.**

Initials of AA _____

SIGNATURE OF AUTHORIZING AGENT(S)

I/We hereby indemnify and hold harmless the _____ **(Funeral Home)** and **OMS Crematory** from any claim, loss, damage, cause of action of any type or manner whatsoever, including but not limited to, attorney fees, based on any statement made by the authorizing agent(s) being untrue. By executing this cremation authorization as authorizing agent(s), the undersigned warrant that all representations are true and correct, that those statements were made to allow OMS Crematory to cremate the remains of the deceased, and that the undersigned have read and understood each provision contained in this document. I/We are not aware of any objection to cremation by any other person who has the right to control the disposition of the deceased's remains.

Executed at _____ (location) this _____ (day) of _____ (month) of _____ (year)

Name _____ Signature _____ Relationship to deceased _____

Phone _____ Address _____ City _____ State _____ Zip _____

Name _____ Signature _____ Relationship to deceased _____

Phone _____ Address _____ City _____ State _____ Zip _____

Name _____ Signature _____ Relationship to deceased _____

Phone _____ Address _____ City _____ State _____ Zip _____

Name _____ Signature _____ Relationship to deceased _____

Phone _____ Address _____ City _____ State _____ Zip _____

Name _____ Signature _____ Relationship to deceased _____

Phone _____ Address _____ City _____ State _____ Zip _____

Witness _____ Signature _____ Relationship to deceased _____

Phone _____ Address _____ City _____ State _____ Zip _____

(NOTE) The cremated remains will be returned within 7-10 business days unless specific arrangements have been made with your funeral service professional. If you desire the cremated remains in a more expedient time frame, have your funeral service professional contact the crematory for plausible facilitation of your needs. Please keep in mind it may take 48 hours or more to procure the legal documentation (cremation permit) in order to proceed with the cremation.

Receipt of Cremains

Cremated Remains Received by: _____

Signature

Date