



1321 State Ave.
 Marysville, WA 98270
 (360) 658-1921
 Fax (360) 659-8174

Cremation Authorization

Date: _____

I (we) the undersigned (the "Authorizing Agent(s)" hereby authorize and request the Crematory, in accordance with and subject to its rules and regulations, and all applicable state or local regulations to cremate the

human remains of _____

(the "decedent") who died at _____

Date of Birth: _____ Date of Death: _____

AUTHORITY I (we) hereby swear and affirm under penalty of perjury that to the best of my knowledge there is no other person having a prior right to give this authorization under RCW 68.50.160, 68.50.170, 68.50.180, and to control the remains of the above the named decedent.

IDENTITY I (we) acknowledge that cremation is an irreversible act and that positive identification has been determined under RCW 68.50.170
68.50.170 Effects of authorization. Any person signing any authorization for the interment or cremation of any remains warrants the truthfulness of any fact set forth in the authorization, the identity of the person whose remains are sought to be interred or cremated, and his authority to order the interments or cremation. He is personally liable for all damage occasioned by or resulting from breach of such warranty.

MECHANICAL DEVICES AND IMPLANTS: Mechanical Devices and Implants in the Decedent may create a hazardous condition when placed in a cremation chamber and are subjected to heat. The Crematory will not cremate any human remains that contain any mechanical device or implants such as a defibrillator, cardiac pacemaker or insulin pump.

Listed below are all implanted, mechanical, radioactive devices, or surgical implants that the funeral home is authorized to remove from the remains of the Decedent prior to cremation and to discard or otherwise said items.

Description: _____

SHIPPING If cremated remains are to be shipped they must be sent by U.S. Registered Mail. The Crematory or the Funeral Home is not responsible for any loss or delay of cremated remains by the U.S. Postal Service.

**DISPOSITION RECORD OF CREMATED REMAINS:
 A. DELIVERY TO THE CEMETERY/MEMORIAL PARK**

Designation _____

Address _____

B. RETAINED BY FAMILY

The family may designate a particular individual that is authorized to pick up the cremated remains after the cremation has been completed. This person will be:

Printed Name _____

Phone _____

Printed Name _____

Phone _____

Printed Name _____

Phone _____

C. OTHER DISPOSITION OR DETAILS

PERSONAL EFFECTS I (we) authorize the Funeral Home and/or crematory to follow these instructions regarding personal effects.

CREMATION DISCLOSURE All cremations are performed individually. Cremation is performed by placing the body, which must be in a leak resistant, rigid cremation container or prepared hardwood casket, within the cremation chamber where the temperature is raised to approximately 1100 to 1800 degrees Fahrenheit, and the body will be totally and irreversibly destroyed by prolonged exposure to intense heat and direct flame. Upon completion of this cycle, all substances are consumed or driven off, (except bone fragments, other materials, metals, etc) are then swept from the chamber. All metal, prosthesis, hip joints, surgical pins, dental fillings, etc are discarded. The cremated remains are then mechanically processed (pulverized). Once processed, the cremated remains are then encased in the specified urn. The Crematory makes a prudent effort to remove and recover all of the cremated remains from the crematory chamber, processing equipment and other tools or containers.

LIMITATION OF LIABILITY As the Authorizing Agent(s), I (we) hereby agree to indemnify, defend, and hold harmless the Crematory, it's officers, agents, and employees, and/or from any and all claims, demands, causes, or causes of action, and suits of any kind, nature or description, in law or equity, including any legal fees, costs or expenses of litigation, among as a result of, based upon or connected with this authorization, including the failure to properly identify the decedent or human remains transferred to the Crematory, the processing, shipping and final disposition of the decedent's remains, any damage due to harmful or explodable implants, claims brought by any other person(s) claiming the right to control the cremation or disposition of the decedent or the decedent's cremated remains, or any other action performed by the Crematory, as officers, agents or employees, pursuant to this Authorization, excepting only acts of willful negligence. If disposition of the cremated remains is still undetermined or if they remain unclaimed beyond ninety (90) days, I (we) authorize the Funeral Home and/or the Crematory to dispose of them in any lawful manner they designate.

EXECUTION OF AUTHORIZATION By executing this Cremation Authorization, 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 in good faith to facilitate the cremation of the decedent, and that the undersigned have read and understand the provisions contained within this document.

1. Signature _____

Relationship _____

2. Signature _____

Relationship _____

3. Signature _____

Relationship _____

4. Signature _____

Relationship _____

Witness _____

Funeral Director _____

Container Description _____

Urn Description _____