

**CREMATION AUTHORITY AND ORDER FORM FOR DISPOSITION**

For more information regarding crematory matters, contact: Cemetery and Funeral Bureau  
1625 North Market Blvd., Suite S-208 Sacramento, CA 95834 Phone: 916-574-7870 or (800) 952 5210.

I (We), the undersigned (the Authorizing Agent(s)), hereby request and authorize Chapel of the Angels Mortuary (hereinafter referred to as "Funeral Establishment") to take possession of and make arrangements for the cremation of the decedent named below (the "Decedent") in accordance with and subject to the provisions set forth in this document, at Chapel of the Angels Crematory (hereinafter referred to as the "Crematory" and in accordance with and subject to their rules and regulations, and subject to any applicable state or local laws or regulations.

NAME OF DECEDENT: \_\_\_\_\_ SEX: \_\_\_\_\_  
ADDRESS OF DECEASED \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_ DATE OF DEATH: \_\_\_\_\_  
FUNERAL ESTABLISHMENT REPRESENTATIVE: \_\_\_\_\_  
PRENEED CREMATION AUTHORITY? YES \_\_\_\_\_ NO \_\_\_\_\_

**RIGHT TO CONTROL DISPOSITION**

The right to control disposition of the remains of a deceased person vests upon the following in the order named:

- 1. The Decedent
- 2. The attorney in fact (agent) of a Durable Power of Attorney for Health Care
- 3. The surviving spouse
- 4. A majority of the surviving competent adult children of the decedent
- 5. The surviving parents of the decedent
- 6. The competent adult person or a majority of the competent adult persons in the next degree of kindred

**I (We), hereby certify that the decedent left the following survivors at law:**

Spouse Yes \_\_\_\_\_ No \_\_\_\_\_ Name: \_\_\_\_\_  
Children Yes \_\_\_\_\_ No \_\_\_\_\_ Name: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Parents Yes \_\_\_\_\_ No \_\_\_\_\_ Name(s): \_\_\_\_\_  
\_\_\_\_\_  
Siblings Yes \_\_\_\_\_ No \_\_\_\_\_ Name(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other: (give name and relationship) \_\_\_\_\_

If the legal next of kin or if all persons of the same degree of kinship are not signing below, a written explanation must be completed by the person signing as an authorizing agent. Separate authorizations, if necessary, shall be attached and considered part of this form.

**CREMATION PROCESS**

Cremation is a technical process using heat and flame that reduces human remains to bone fragments. The reduction takes place through heat and evaporation. Cremation shall include the processing, and may include the pulverization, of bone fragments. The human body burns with the casket, container, or other material in the cremation chamber. Some bone fragments are not combustible at the incineration temperature and, as a result, remain in the cremation chamber. During the cremation, the contents of the chamber may be moved to facilitate incineration. The chamber is composed of ceramic or other material, which disintegrates slightly during each cremation, and the product of that disintegration is commingled with the cremated remains. Nearly all of the contents of the cremation chamber, consisting of the cremated remains, disintegrated chamber material, and small amount of the residue from previous cremations are removed together, and crushed, pulverized, or ground to facilitate inurnment or scatterings. Some residue remains in the cracks and uneven places of the chamber. Periodically, the accumulation of this residue is removed and interred in a dedicated cemetery property or scattered at sea.

Please initial

## CASKETS/CONTAINERS

The Crematory requires either a casket or an alternative (cremation) container for the cremation. The above named funeral establishment does not offer metal caskets for cremation. All caskets and alternative containers must meet the following standards:

1. Be composed of materials suitable for cremation
2. Be able to be closed to provide a complete covering of human remains
3. Be sufficient for handling with ease
4. Be resistant to leakage or spillage
5. Be able to provide protection for the health and safety of crematory personnel

The crematory is authorized to inspect the casket or alternative container, including opening it, if necessary. In the event there is leakage or damage, the Crematory may contact the funeral home directly for instructions. The crematory reserves the right to open the casket or alternative container to verify the identity of the deceased.

Many caskets that are comprised of combustible materials also contain some exterior parts, e.g., decorative handles or rails that are not combustible and that may cause damage to the cremation equipment. The crematory, at its sole discretion, reserves the right to remove these non combustible materials prior to cremation and to discard them with similar materials from other cremations and other refuse in a non recoverable manner.

**Type of casket or cremation container selected:** \_\_\_\_\_

## URNS / TEMPORARY CONTAINERS

After the cremated remains have been processed, they will be placed in the designated urn or container. The Crematory will make a reasonable effort to put all of the cremated remains in the urn or container, with the exception of dust or other residue that may remain of the processing equipment. In the event the urn or other container selected is insufficient to accommodate all of the cremated remains, the excess will be placed in a separate receptacle. The separate receptacle will be kept with the primary and handled according to the disposition instructions on the form. Crematory requires that all urns or containers be a minimum of 200 cubic inches. Unless a suitable urn is provided for the cremated remains, the Crematory will place the cremated remains in a container provided by the Crematory.

**Type of Urn Provided, if any:** \_\_\_\_\_

**Are cremated remains to be divided, if so, in what proportions** \_\_\_\_\_

## PACEMAKERS AND RADIOACTIVE IMPLANTS

Mechanical, radioactive devices or implants in the decedent may create a hazardous condition when placed in a cremation chamber. **ALL RADIOACTIVE IMPLANTS AND PACEMAKERS MUST BE REMOVED PRIOR TO DELIVERY OF THE DECEDENT TO THE CREMATORY. Complete one of the following:**

The decedent's remains do not contain a pacemaker, radioactive implant or other device that could be harmful to the crematory. They are safe to cremate. **Initial**           

The following list contains all existing devices implanted in or attached to the decedent that should be removed prior to cremation.

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## WITNESSED CREMATIONS

The cremation will take place after civil and medical authorities have issued permits, all necessary authorizations have been obtained, and no legal objections have been raised, and after any scheduled funeral ceremonies or viewings have been completed. The Crematory, or authorized agents, is authorized to perform the cremation upon receipt of remains, at its discretion, and according to its own schedule. All cremations are preformed individually.

**Are there any people who wish to witness the casket or container being placed into the cremation chamber?** Yes \_\_\_\_\_ No \_\_\_\_\_

## **DISCLOSURES, WARRANTIES AND PERMISSIONS**

### **(INITIAL EACH)**

I/We certify that the deceased person named above has not given other specific directions concerning the disposal of his/her remains.

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

I/We give our express permission for the incidental or inadvertent commingling of the cremated remains, the incidental commingling of cremated remains resulting from the processing of the remains, and the disposal (with other residue) by the crematory of metal or other non human material recovered to which may be affixed bone particles.

I/We understand that if I wish to remove and/or retain any items from the remains, I must do so directly or by authorized agent prior to the cremation process.

I/We understand that the cremation may not destroy dental gold, silver, jewelry, or mementos.

I/We understand that dental gold, silver, jewelry and mementos to the extent it may be identified may be returned to the cremated remains container. I/We also understand that dental gold, silver, jewelry and mementos that cannot be identified may not be returned to the cremated remains container, and I/We hereby direct the crematory to inter then in a cemetery in a lawful manner.

## **IDENTIFICATION**

I/We have personally identified the remains of the decedent. We agree to hold the facility/crematory harmless for said identification.

I/We choose to identify the remains accepting the **additional charge** of sanitation and setting of features. As stated in the General Price List.

I/We have been offered the opportunity to personally identify the remains but decline. We agree to hold the facility/crematory harmless for said identification.

## **INDEMNITY**

I/We declare under penalty of perjury that the forgoing certifications, representations, and statements are true and correct, and that this statement is being made to induce the above named Funeral Establishment and Crematory to cremate (or cause to be cremated) the remains of the decedent named above. I agree to hold harmless, indemnify, and defend the above named Funeral Establishment and Crematory as well as their representatives, directors, officers, agents, employees, shareholders from and against all claims, liabilities, or damages whatsoever (including reasonable attorney's fees) which may result from this authorization and order including the failure to properly identify the remains, failure to take possession or make the proper arrangements for the final disposition of the cremated remains, the processing of remains, shipping of remains, any explodable impact, infectious disease, other persons claiming rights to control disposition of the remain, or ant other cause. No warranties, express or implied are made and damages shall be limited to the amount of the cremation fee paid.

## **DISPOSITION**

I/We authorize the Crematory to return the cremated remains of the decedent to the possession and custody of the Funeral Establishment. I/We understand that the service and obligations of the Crematory shall be fulfilled when the cremated remains of the decedent are returned to the possession and custody of the Funeral Establishment. I/We hereby arrange for the disposition of the cremated remains as stated below.

I/We understand that in the event the cremated remains have not been permanently interred or picked up by me or my designated representative within one year from the date of cremation, I hereby authorize the Funeral Establishment to lawfully dispose of cremated remains.

The Crematory is hereby instructed to return the remains to Chapel of the Angels Mortuary, for enacting of the following disposition:

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**SIGNATURE OF AUTHORIZING AGENTS**

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

By executing this cremation authorization form, as Authorizing Agent, the undersigned warrants that all representations and statements contained on this document are true and correct, that these statements were made to induce the above named Funeral Established and Crematory to cremate the human remains of the Decedent, and that the undersigned have read and understand the provisions contained on all the pages of this document.

Executed at Grass Valley, CA this \_\_\_\_\_ day of \_\_\_\_\_, 2011.

Name \_\_\_\_\_ Signature 

Relationship to Decedent \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_

Relationship to Decedent \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_

Relationship to Decedent \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_

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Name \_\_\_\_\_ Signature \_\_\_\_\_

Relationship to Decedent \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_

Relationship to Decedent \_\_\_\_\_ Phone # \_\_\_\_\_

Chapel of the Angels makes this document available on our website in an effort to bring the important paperwork of disposition of human remains to the prior attention of the families we serve. Please refer all questions to our office. Chapel of the Angels reserves the right, when presented with this printed web page authorization for cremation, to require photo identification of the above signed. When completed, a self signed cremation authority can speak for you and not be superseded by any other authority. Make this authority's location known to those you know will bring it to the attention of a Funeral Director or Cremation Services Provider.

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