

## Cremation Authorization

This Authorization Form must be completed and signed before the cremation. Please read it carefully and ask us any questions you may have. Cremation is an irreversible and final process. You must understand the cremation process that is described in this Authorization Form before signing it. We want you to understand the information provided in this Authorization Form fully, so we will be pleased to answer any questions about the cremation process or the other information on this form. The authorizing agent authorizes Cochran Funeral Homes and Cochran Crematories or any crematory used by Cochran Funeral Homes and Cochran Crematories, by following and subject to its rules and regulations, to cremate the remains of:

\_\_\_\_\_, who died at \_\_\_\_\_ on \_\_\_\_\_

### **PLEASE INITIAL THE APPROPRIATE WORDS BELOW**

I further state the death \_\_\_\_\_ **was** \_\_\_\_\_ **was not** due to infectious or contagious disease. I understand that if I do not notify the Cochran Funeral Home Crematory about death by infectious disease, that I will be liable for any injury to the Crematory Personnel.

### **It is requested that the following disposition be made of the cremated remains:**

\_\_\_\_\_ **Initials** I or a family member or designated individual will pick up cremated remains at the funeral home.

**OR**

\_\_\_\_\_ **Initials** Deliver to: (name and address below)

\_\_\_\_\_  
(if the delivery address is out of Cochran Funeral Homes and Cochran Crematories' service area, the undersigned hereby authorizes Cochran Funeral Homes and Cochran Crematories to deliver the cremated remains via registered mail and agree to pay charges incurred for packaging and mailing and also assume all liability for any damages that may arise from any cause growing out of said delivery and to indemnify and hold harmless Cochran Funeral Homes and Cochran Crematories from any and all claims related to said shipment.)

### **Authority of Authorizing Agent**

#### **Please initial one of the following:**

\_\_\_\_\_ **Initials** I hereby certify that I am related to the deceased as stated below and have the right to authorize this cremation and the disposition of the cremated remains.

**OR**

\_\_\_\_\_ **Initials** I certify that I do not have actual knowledge of any living person who has the superior right to act as the Authorizing Agent.

**OR**

\_\_\_\_\_ **Initials** There is another living person(s) listed below who has a superior or equal right to act as Authorizing Agent. That person(s) has provided me written permission to serve as Authorizing Agent.

**OR**

\_\_\_\_\_ **Initials** There is another living person(s) listed below who has superior or equal right to act as Authorizing Agent. I have made all reasonable efforts to contact such person(s) but have been unable to do so. I have no reason to believe that such persons would object to the cremation of the decedent's remains.

**OR**

\_\_\_\_\_ **Initials** There is another living person(s) listed below who has superior or equal right to act as Authorizing Agent. That person(s) has confirmed to me that such a person(s) refuses to make arrangements for the disposition and does not want any involvement with the disposition of decedent's remains.

**Name of Other Person(s):** \_\_\_\_\_

### **PLEASE INITIAL THE APPROPRIATE WORDS BELOW**

I further state the deceased \_\_\_\_\_ **has** \_\_\_\_\_ **has not** a heart pacemaker implanted, radiation producing implant device, nor any other life-sustaining device that could be explosive. If such a device exists, I have instructed the Cochran Funeral Homes and Cochran Crematories or others to remove it before cremation. I also agree in the event of my failure to notify the Cochran Funeral Homes and Cochran Crematories or any others responsible for the removal of such a device, that I will be liable for any damages to the crematory or injury to crematory personnel.

### **PLEASE INITIAL AFTER READING THE STATEMENT BELOW ABOUT THE CREMATION PROCESS**

\_\_\_\_\_ **Initials** Cremation is performed by placing the casket or other containers with deceased in it, in a cremation chamber where the temperature is raised to about 1100 degrees Celsius which is approximately the temperature used in firing china or bricks. During the cremation process, it may be necessary to open the cremation chamber and reposition the remains of the decedent in or to facilitate a

complete and thorough cremation. After about four or five hours, all substances are burned or driven off except bone fragments (calcium compounds) and metal (including dental gold and silver and other non-human materials) since the temperature is not sufficient to consume all of them. Following a cooling period, the cremated remains are swept or raked out of the chamber with a broad wire brush. Cochran Funeral Homes and Cochran Crematories make a responsible effort to remove all the remains from the chamber, but it is impossible to remove all. Some dust and other particles may inadvertently become comingled with particles of additional remains in the cremation chamber, and other devices utilized to process cremated remains as some dust and other residues from the process will always be left behind; the remains removed consist of bone fragments of varying size. To allow these fragments to fit into the containers, they are mechanically pulverized to a fairly uniformed size. The process of crushing or grinding may cause incidental commingling of the remains with residue from the processing of previously cremated remains. After this, Cochran Funeral Homes and Cochran Crematories make a reasonable effort to put all remains in the container, except for dust and other residues that may remain on the equipment. Also, while every effort will be made to avoid commingling, in the advertent and incidental commingling of minute particles of cremated remains from the residue of previous cremations is a possibility, and the Authorizing Agent understands and accepts this fact.

\_\_\_\_\_ **Initials** I/We understand that due to the nature of the cremation process, any valuable material including dental gold will either be destroyed or not be recoverable. Any personal possessions accordingly have either been removed or may be destroyed. If the container or any portion thereof is not suitable for cremation, the crematory may require the remains to be removed and placed in a suitable container. I/We understand that cremated remains are bone fragments, which will be reduced in size and placed in an urn. In the event, the capacity of the urn I/we have selected is less than the amount of the cremated remains, the crematory is authorized to return the excess cremated remains in a separate container. I/We further agree that I/we will indemnify and hold harmless Cochran Funeral Homes and Cochran Crematories and their officers and employees from any liability, costs, expenses, or claims resulting from this Authorization. Certain items, including, but not limited to, body prosthesis, dentures, dental bridgework, dental fillings, jewelry, and other personal articles accompanying the remains of the deceased may be destroyed during the cremation process. I/We further authorize that if any items, other than the cremated items of the deceased, are recovered from the cremation chamber, they may be separated from the cremated remains and disposed of by the crematory. I/We hereby authorize the crematory to separate and remove from the cremation chamber all non-combustible materials, including, but not limited to, hinges, latches, nails, jewelry, and precious metals and to dispose of such material at the crematory's discretion. I/We declare under penalty of perjury that the preceding is true and correct, except as noted, and that I/we make this statement to induce Cochran Funeral Homes and Cochran Crematories to cremate or cause to be cremated the remains of the decedent. That I/we have the authority to make dispositions of the remains as above indicated and, I/we assume full responsibility for their identity whether or not I/ we have viewed the remain. I/We hereby agree to protect and indemnify Cochran Funeral Homes and Cochran Crematories or any other crematory used by Cochran Funeral Homes and Cochran Crematories against said remains, including legal fees and costs and expense of litigation

\_\_\_\_\_ **Initials** I acknowledge that in some cases cremation, may take place in one of our sister company's crematories.

\_\_\_\_\_ **Initials** All personal property and effects delivered with the remains of the decedent to the crematory, including jewelry, clothes, bed linen, hairpieces, dental bridgework, eyeglasses, and shoes, will be destroyed in the cremation process or otherwise discarded by the crematory, at its sole discretion, unless specific instructions for delivery to Authorizing Agent are given below. Cochran Funeral Homes and Crematory does not have the capability nor, will we remove dental work, crowns, caps, bridgework, etc.

**Instructions for Personal Items:**

**Please initial one of the following:**

\_\_\_\_\_ **Initial** The crematory may perform the cremation of the decedent's remains at a time and date as its work schedule permits without any further notification to the Authorizing Agent.

**OR**

\_\_\_\_\_ **Initial** The crematory is to use its best efforts to schedule the cremation by following the schedule set forth below:

Date: \_\_\_\_\_ Time: \_\_\_\_\_

**CERTIFICATION AND INDEMNIFICATION**

The Authorizing Agent acknowledges that the Cochran Funeral Homes and Cochran Crematories are relying upon the representations being made by the Authorizing Agent in this Authorization. The Authorizing Agent certifies that all the information and statements contained in the Authorization are accurate, and no omissions of any material fact have been made. The Authorizing Agent agrees to indemnify and hold harmless the Cochran Funeral Homes and Cochran Crematories, their officers, directors, employees, and agents from any and all claims, demands, actions, causes of action or suits of any kind or nature whatsoever, including, but not limited to, any legal fees arising out of or resulting from the Cochran Funeral Homes and Cochran Crematories' reliance on or performance consistent with the directions, statements, representatives and agreements contained in the Authorization.

**Identification of Authorizing Agent**

**Signature** \_\_\_\_\_ **Relationship** \_\_\_\_\_ **Date** \_\_\_\_\_

**Print Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Telephone** \_\_\_\_\_

**Witness Signature** \_\_\_\_\_

**Witness Printed Name** \_\_\_\_\_