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Authorization for Cremation and Disposition

I/We, the undersigned, certify, warrant and represent that I/We have full legal right and authority, and know of no living person who has a superior priority right under Georgia law, to authorize the cremation, processing and disposition of the remains of _____ (hereinafter referred to as the "Deceased" who died on (Date) _____ at (Time) _____ (A.M./P.M.). I/We hereby request and authorize Georgia Cremation, Inc. (hereinafter referred to as the "Funeral Home") to take possession of and make arrangements for the cremation of the remains of the Deceased. I/We hereby authorize the Funeral Home to arrange for the disposition of the cremated remains of the Deceased as follows:

The cremation processing and disposition of the remains of the Deceased authorized herein shall be performed in accordance with all the governing laws, the rules, regulations and policies of our privately owned crematory (hereinafter referred to as the "Crematory") and the Funeral Home, and the following terms and conditions:

- The remains of the Deceased will not be accepted for cremation unless received by the Crematory in a combustible, leak-resistant, rigid cremation container. The Crematory is authorized to remove and dispose of handles, ornaments and other non-combustible items attached to the cremation container prior to cremation. In the event the remains of the Deceased are received by the Crematory in a casket or other container constructed of metal, fiberglass or other non-combustible materials, I/We authorize the remains of the Deceased to be removed prior to cremation and placed in a combustible cremation container. I/We further authorize the Funeral Home or Crematory to dispose of any such non-combustible casket in any lawful manner it deems appropriate.
- Mechanical or radio-active devices (such as pacemakers, etc.) (hereinafter referred to as "Devices") implanted in the remains of the Deceased may create a hazard when placed in the cremation chamber. The Crematory will not cremate any human remains which contain any Devices. In the event the remains of the Deceased contains such Devices, I/We hereby authorize the Funeral Home, its agents and employees to remove any such Devices from the remains of the Deceased prior to cremation and dispose of such items at its discretion. I/We hereby certify that the remains of the Deceased **DO/DO NOT** contain any Devices. Listed below are Devices the Funeral Home is authorized to remove from the remains of the Deceased prior to cremation and dispose of as indicated:

_____ (Device) _____ (Disposition)
 _____ (Device) _____ (Disposition)

- The cremation container containing the remains of the Deceased will be placed in the cremation chamber and will be totally and irreversibly destroyed by prolonged exposure to intense heat and direct flame. I/We authorize the Crematory to open the cremation chamber during the cremation process and reposition the remains of the Deceased in order to facilitate a complete and thorough cremation.
- Certain items, including, but not limited to, body prostheses, 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 remains 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 materials at the Crematory's discretion.
- Following cremation, the cremated remains of the Deceased, consisting primarily of bone fragments, will be mechanically pulverized to an unidentifiable consistency prior to placement in an urn or other container.
- Unless an urn or container suitable for shipment is purchased, the Funeral Home will place the cremated remains of the Deceased in a container which is not designed for any type of shipment. I/We hereby authorize the Funeral Home to release the cremated remains to the person identified below OR in the event the cremated remains of the Deceased are not retrieved within ten (10) days of the cremation date, upon written notice to the undersigned (if required by state law), the Funeral Home is authorized to deliver the cremated remains of the Deceased to the United State Postal Service for delivery to:

Name _____ Phone No. _____
Address _____

I/We hereby assume responsibility for any costs associated with such delivery.

- In the event the urn or container is insufficient to accommodate all of the cremated remains of the Deceased, any excess cremated remains will be placed in a secondary container and returned to the Funeral Home, together with the primary urn or container.
- I/We understand and acknowledge that even with the exercise of reasonable care and the use of the Crematory's best efforts, it is not possible to recover all particles of the cremated remains of the Deceased, and that some particles may inadvertently become commingled with particles of other cremated remains remaining in the cremation chamber and/or other devices utilized to process cremated remains. I/We authorize the Crematory to dispose of any such residual particles in any lawful manner it deems appropriate.
- I/We agree to indemnify, release and hold the Crematory, Funeral Home, their affiliates, employees and assigns, harmless from any and all loss, damages, liability or cause of action (including attorneys' fees and litigation expenses) in connection with the cremation and disposition of the cremated remains of the Deceased, as authorized herein, or my/our failure to correctly identify the remains of the Deceased, disclose the presence of any Devices or take possession of, or make permanent arrangements for, the disposition of such remains.

SIGNATURE OF PERSON (S) AUTHORIZING CREMATION AND DISPOSITION

I/We warrant that all representations and statements made herein are true and correct. I/We acknowledge and agree that the Crematory and Funeral Home have the right to rely on such representations and statements. I/We further acknowledge and agree that neither the Crematory nor Funeral Home is obligated to investigate or otherwise confirm the accuracy and/or truthfulness of the representations and statements made herein.

Signature _____ Print Name _____ Relationship _____
Address _____ Phone _____
Funeral Director Signature _____ License Number _____ Phone _____ Date _____