

Cremation Solutions

CS#: _____

1212 Kennedy Avenue, Northern Cambria, PA 15714
814-948-8050 Fax: 814-948-8676 or 814-948-6216

IDENTIFICATION AND CREMATION AUTHORIZATION AGREEMENT

1. IDENTIFICATION: The undersigned, having viewed the remains, does hereby identify the same as the body of _____ who died at _____ AM PM on _____. Ample time has been given to the undersigned to assure proper identification prior to the execution of this document, and has, by signing same, the undersigned acknowledges that there is no doubt or question about the identification. The undersigned assumes all liability for mistaken identification or incorrect identification and does hereby agree to indemnify and hold harmless Cremation Solutions, and Moriconi Funeral Home, Inc., its officers, agents and employees, harmless from any and all claims, suits or causes of action, including a reasonable attorney's fee for the defense thereof, brought by any person, firm or corporation, or the personal representative thereof, arising out of the identification and request for cremation and disposition of the remains. **Initials of AA** _____

2. AUTHORIZATION TO CREMATE: The undersigned hereby authorizes the cremation of the above-described remains and represents that I am / we are the nearest degree of relationship to the deceased, and legally authorized or charged with the responsibility of disposition of the remains. In requesting cremation or other form of direct disposition, we acknowledge that such is an irreversible act based upon the positive identification made by the undersigned, and I / we do authorize cremation of the remains to be carried out within the rules and regulations of this establishment. We understand that due to the nature of the cremation process, **any valuable material, including dental gold, will be destroyed and unrecoverable.** **Initials of AA** _____

Was death caused by infectious or contagious Disease? _____ YES _____ NO

If yes, Explain: _____

3. PACEMAKERS, DENBRILATORS AND MEDICAL DEVICES: Upon cremation, pacemakers, defibrillators and other similar medical devices may cause injury or damage to the crematory personnel or equipment. The undersigned represents that the body of the deceased is free from such potentially dangerous devices and the undersigned agrees to assume responsibility for damage to persons or property and any claims for damages, including a reasonable attorney's fee for the defense thereof arising out of the cremation of any such devices contained in the body. In the event the body does contain such a device, authorization is hereby given to the funeral director for its removal prior to cremation and proper disposition including recycling. **Initials of AA** _____

4. DISPOSITION OF REMAINS: The undersigned requests that the cremated remains be delivered to: _____ Funeral Home providing services; _____ Next of Kin, specifically _____ relationship, _____ Cemetery; _____ Other (s), _____ **Initials of AA** _____

Cremation is not final disposition. Memorialization of the cremated remains through the purchase of an appropriate urn and a memorial location can be provided by your Funeral Director / Funeral Home.

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

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

By executing this Cremation Authorization Form, 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 to induce the crematory to cremate the human remains of the decedent, and that the undersigned have read and understand the provisions contained on this form.

Executed at _____ this _____ day of _____, 20 _____

Signature of Authorized Person Relationship Street Address (include box #)

Printed name of Authorized Person Phone City, State, Zip code

Signature of Authorize Person Relationship Street Address (include box #)

Printed name of Authorized Person Phone City, State, Zip code

Signature of Funeral Director as Witness for Signatures=(s) of Authorizing Agent(s) _____

Name and Address of Funeral Home _____