

J.C.I.

CREMATION AUTHORIZATION / DISPOSITION FORM

I (We), the undersigned (the "Authorizing Agent(s)"), hereby authorize and request J.C.I., in accordance with and subject to its rules and regulations, and any applicable state/provincial or local laws or regulations to cremate the human remains of _____ (the "decedent") and to arrange for the final disposition of the cremated body, as set forth on this form. I (we) have identified the human remains that were delivered to the funeral home as the decedent, and have authorized the funeral home to deliver the decedent to J.C.I. for cremation.

IDENTIFICATION

Date of Death _____ Place of Death _____ Sex _____ Age _____

Was death caused by an infectious or contagious disease? Yes _____ No _____

If yes, please explain _____

TIME OF CREMATION

J.C.I. is authorized to perform the cremation upon receipt of the human remains, at its discretion, and according to its own time schedule, as work permits, without obtaining any further authorization of instructions.

Are there any people who wish to witness the casket/container being placed in the cremation chamber? Yes _____ No _____

PACEMAKERS, PROSTHESES, SILICON AND RADIOACTIVE IMPLANTS

ALL PACEMAKERS AND RADIOACTIVE IMPLANTS MUST BE REMOVED PRIOR TO DELIVERING THE DECEDENT FOR CREMATION

FINAL DISPOSITION

After the cremation has taken place, the cremated remains have been processed and the processed cremated body placed in the designation receptacle, **the Martenson Family of Funeral Homes** will arrange for the disposition of the cremated body as follows, check one of the following:

- 1. _____ Return the cremated body to the funeral home within 10 days.
- 2. _____ Deliver the cremated body to the U.S. Postal Service for shipment by Registered, Return Receipt mail to _____ for permanent disposition. Standard shipping rates apply.
- 3. _____ Other _____

LIMITATION OF LIABILITY

As the Authorizing Agent(s), I (we) hereby agree to indemnify, defend, and hold harmless J.C.I., its members, agents and employees, of and from any and all claims, demands, causes or causes of action, and suits of every kind, nature and description, in law or equity, including legal fees, costs and expenses of litigation, arising as a result of, based upon or connected with this authorization, including the failure to properly identify the decedent as the human remains transmitted to J.C.I., the processing, shipping and final disposition of the decedent's cremated body, the failure to take possession of or make proper arrangements for the final disposition of the cremated body, any damage due to harmful of explodable implants, claims brought by any other person(s) claiming the right to control the disposition of the decedent of the dependent's cremated body, or any other action performed by J.C.I., its members, agents, or employees, pursuant to that authorization, excepting only acts of willful negligence.

SIGNATURE OF AUTHORIZING AGENT(S)

THIS IS A LEGAL DOCUMENT. IT CONTAINS IMPORTANT PROVISIONS CONCERNING CREMATION. CREMATION IS IRREVERSIBLE AND FINAL.

I (we) hereby certify that the decedent left the following surviving heirs at law:

- 1) Spouse Yes [] No []
- 2) Children Yes [] No [] How many _____
- 3) Grand Children Yes [] No [] How many _____
- 4) Parents Yes [] No []
- 5) Siblings Yes [] No [] How many _____
- 6) Nephews/Nieces Yes [] No [] How many _____

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 J.C.I. to cremate the human remains of the decedent, and that the undersigned have read and understand the provisions, including "J.C.I. Policies, Procedures and Requirements" on the reverse side, as contained on this form. I am aware of no objection to the cremation by any spouse, child, parent or sibling.

Excused at _____ this _____ day of _____ 20_____

Signature(s) _____ Signature(s) _____

Name _____ Name _____

Address _____ Address _____

Relationship _____ Relationship _____

REPRESENTATIONS OF FUNERAL DIRECTOR

By executing this authorization form as licensed funeral director and agent/employee of the funeral home indicated below. I warrant to the best of my knowledge the following.

- 1. That our funeral home was responsible for making arrangements with the Authorizaing Agent(s) for the cremation of the decedent and that I have reviewed this authorization form with the Authorization Agent(s).
- 2. That no member of our funeral home has any knowledge or information that would lead us to believe that any of the answers provided on this form by the Authorizing Agent(s), are incorrect.
- 3. That the human remains delvered to **The Martenson Family of Funeral Homes** and represented as the humans remains specified on this form are in fact the human remains that were identified to our funeral home as the decdent.
- 4. That our funeral home obtained all necessary permits authorizing the cremation of the decedent, and that those permits are attached.
- 5. That the representations contained above regarding any infectious or contagious disease are true.
- 6. The the representations contained above concerning a pacemaker and any other material or implant that may be potentially hazardous are true.

Signature of Licensed Funeral Director

Name and Address Funeral Home