AUTHORIZATION FOR CREMATION AND DISPOSITION

Fill in the arrowed areas and fax to 402.464.3621 or email to: info@aspenaftercare.com





Decedent: Name

I, the undersigned, certify, warrant and represent under the penalty of perjury that I have the full legal right and authority to authorize the cremation and control the disposition of the remains of the Decedent named above. (hereinafter referred to as the "Decedent") I hereby request and authorize ASPEN CREMATORY (hereinafter referred to as the "Crematory") to cremate the body of the decedent named above. The cremation, and disposition of the remains of the Decedent authorized herein shall be performed in accordance with all the governing laws, rules and policies of the Crematory, Funeral Establishment, and the following terms and conditions:

The Cremation Process: The cremation container containing the remains of the Decedent will be placed in the cremation chamber and will be totally and irreversibly destroyed by prolonged exposure to intense heat and direct flame. I authorize the Crematory to open the cremation chamber during the cremation process and reposition the remains of the Decedent in order to facilitate a complete and thorough cremation. I 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 Decedent, and that some particles may inadvertently become co-mingled with minute particles or residue of other cremated remains remaining in the cremation chamber and / or other devices utilized to process the cremated remains. I hereby authorize the Crematory to dispose of such residual particles in any lawful manner it deems appropriate. Following cremation, the cremated remains of the Decedent, consisting primarily of bone fragments, will be mechanically pulverized to an unidentifiable consistency prior to placement in an urn or other container. In the event the urn or container is insufficient to accommodate all the cremated remains of the Decedent, any excess cremated remains will be placed in a secondary container and returned to the Funeral Establishment, together with the primary urn or container. I understand the cremation will take place according to the Crematory's schedule and at its discretion after all required permits and authorizations are obtained and received by the Crematory, if no objections have been raised, and after any scheduled funeral ceremonies or viewing have been completed.

Mechanical, Radioactive or other Devices implanted in the remains of the Deceased (such as pacemakers, etc.) may create a hazard when placed in the cremation chamber. The Crematory will not knowingly cremate any human remains which contain any type of implanted device. In the event the remains of the Decedent contain such a device, I have instructed the Funeral Establishment to remove or arrange for the removal of these devices and to properly dispose of them prior to transporting the decedents remains to the crematory. I understand that in the event of my failure to notify the Funeral Establishment or any others responsible for the removal of such devices or implants that I will be liable for any damages to the crematory and or injury to crematory personnel.

Place initials next to the correct statement (One or the other, not both)

→	-	(Initial) ı	HEREBY (CERTIFY	THAT T	HE REM	AINS OF	THE DE	CEASED	(DOES) CO	NTAIN AN I	MPLANTI	ED DEVI	CE.
\Rightarrow	•	(Initial) ı	HEREBY (CERTIFY	THAT T	HE REMA	AINS OF	THE DE	CEDENT	(DOES NOT) CONTAIN	AN IMPL	ANTED I	DEVICE.

Mementos, Jewelry, Dental Gold & Other Foreign Materials: 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 understand that arrangements must be made with the Funeral Establishment to remove any such possessions or valuables prior to the time that the Decedent is transported to the Crematory. I further authorize that if any items, other than the cremated remains of the Decedent, are recovered from the cremation chamber, they may be separated from the cremated remains of the Decedent and disposed of by the Crematory.

Containers: I understand that Aspen Crematory agrees only to cremate the remains and dispose of the cremated remains as directed in this authorization. The remains of the Decedent will not be accepted for cremation unless received by the Crematory in a combustible, leak resistant, ridged cremation container and identified with the name of the decedent. The Crematory is authorized to remove and dispose of handles, ornaments and any other noncombustible items attached to the cremation container or delivered with the decedent prior to cremation.

	closures, Wai	Tanties & Pe									
→		certify that the abo		ent has not given other	specific directions c	oncerning the					
*		have been offered		emation by any spouse, o personally identify the							
true a crem Estal of ac crem discle	and correct, and that lated) the remains oblishment, their affilition (including attor lated remains of the	at this statement is if the Decedent na iates, agents, empneys' fees and expected becedent, as aut any implanted de ins.	being made to it med above. I ag loyees, and successes of litigation horized herein, of vices, or take po	oregoing certifications, and uce ASPEN CREMAtree to indemnify, and hosesors from any and alon) in connection with the region of or make permanded to the content of the con	FORY to cremate (or old harmless the Cr I loss, damages, lial e cremation and dis identify the remains rmanent arrangeme	r cause to be ematory, Funeral bility or causes sposition of the softhed the decedent,					
I warrant that all representations and statements made herein are true and correct, and that I have read and understand the provisions contained in this document.											
→	► Print Name:			Print Name:	Print Name:						
-	Signed:			Signed:	Signed:						
-	► Relationship:			_ Relationship:_	Relationship:						
→	Address:			Address:							
•	➤ City:	State:	Zip:	City:	State:	Zip:					
→	► Phone:	Date	e:	Phone:	Date	:					
		DISPO	SITION OF	CREMATED REM	AINS						
	osition of the cremat	ted remains of the	Decedent as foll	emains back to the Fur ows:		to arrange for the					
	Mail remains to:			& Address)							
70	man remains to.		(Name	& Address)							
sole	E: Remains will be ly as my agent in n	e mailed via U.S. nailing the remai	Postal Service.	I understand that the that the that the Funeral Estable U.S. Postal Service							
(Description of urn	or container sele	cted: Temporary	/ Urn.							

NOTE: I understand that if no arrangements for the final disposition, release or transfer of the cremated remains are specified on this form, or if the Crematory and Funeral Establishment are not subsequently provided with instructions concerning the final disposition, release or transfer of the cremated remains within **SIXTY (60) DAYS** of the cremation or if the cremated remains have not been picked up by the designated individual within **SIXTY (60) DAYS** of the cremation, then the Crematory and Funeral Establishment shall be authorized to arrange for the final disposition of the cremated remains in any manner permitted by law. I understand that such final disposition may include the co-mingling of the cremated remains with other cremated remains, and that thereafter the cremated remains of the Decedent will not be recoverable.