AUTHORIZATION FOR CREMATION AND DISPOSITION

ASPEN
CREMATION & BURIAL SERVICE INC.

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

_____ **(*Initial*)** I HEREBY CERTIFY THAT THE REMAINS OF THE DECEASED (DOES) CONTAIN AN IMPLANTED DEVICE.

_____ **(*Initial*)** I HEREBY CERTIFY THAT THE REMAINS OF THE DECEDENT (DOES NOT) CONTAIN AN IMPLANTED 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.

Disclosures, Warranties & Permissions:

_____ (Initial) I certify that the above named Decedent has not given other specific directions concerning the disposition of his/her remains.

_____ (Initial) I am aware of no objection to this cremation by any spouse, child, parent or sibling of the decedent.

_____ (Initial) I have been offered the opportunity to personally identify the remains and assume full responsibility for the identity

Indemnity: I declare under penalty of perjury that the foregoing certifications, representations and statements are true and correct, and that this statement is being made to induce ASPEN CREMATORY to cremate (or cause to be cremated) the remains of the Decedent named above. I agree to indemnify, and hold harmless the Crematory, Funeral Establishment, their affiliates, agents, employees, and successors from any and all loss, damages, liability or causes of action (including attorneys' fees and expenses of litigation) in connection with the cremation and disposition of the cremated remains of the Decedent, as authorized herein, or my failure to correctly identify the remains of the decedent, disclose the presence of any implanted devices, or take possession of or make permanent arrangements for the disposition of such remains.

SIGNATURE OF AUTHORIZING AGENT

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:** _____

Signed: _____ **Signed:** _____

Address:_____ **Address:**_____

City: _____ **State:**_____ **Zip:**_____ **City:** _____ **State:**_____ **Zip:**_____

Phone: _____ **Date:** _____ **Phone:** _____ **Date:** _____

DISPOSITION OF CREMATED REMAINS

I hereby authorize the Crematory to release the cremated remains back to the Funeral Establishment to arrange for the disposition of the cremated remains of the Decedent as follows:

Release the remains to:_____

Mail remains to: _____

(Name & Address)

NOTE: Remains will be mailed via U.S. Postal Service. I understand that the Funeral Establishment is acting solely as my agent in mailing the remains, and I agree that the Funeral Establishment shall not be liable if the remains are lost or damaged while in the custody of the U.S. Postal Service

Description of urn or container selected:_____

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.

ACBS FORM #36-14

SUBMIT