

Springfield Mortuary Service, Inc.  
Authorization for Cremation and Disposition

*This is an Authorization for cremation, not a Contract for the cremation service. There is a separate form to be signed between the cremation provider and the party taking financial responsibility for the cremation service.*

**Decedent**

Name of Decedent: \_\_\_\_\_ Age: \_\_\_\_\_ SSN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_ Gender: \_\_\_\_\_

**Identification of the Authorizing Agent**

Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

(Photo ID must accompany the authorizing agent's information)

As Authorizing Agent, I have the Legal Right to authorize the cremation and the final disposition of the cremated remains. I represent that my relationship to the Decedent is as follows:

Spouse  Adult Child  Parent  Sibling  Other: \_\_\_\_\_

**Cremation Information**

Cremation will take place after civic or medical authorities have issued all required permits, all necessary authorizations have been obtained and no objections have been raised.

*Cremation is a technical process, using heat and flame, that reduces human remains to bone fragments. The reduction takes place through heat and evaporation. Cremation shall include the processing and pulverizing of the bone fragments. After the cremated remains have been processed, they will be placed in the designated urn or container. Springfield Mortuary Service, Inc. will make reasonable effort to put all of the cremated remains in the urn or container, with the exception of dust or other residue that may remain on the processing equipment.*

I understand that due to the nature of the cremation process any valuable metal, including dental gold, will either be destroyed or not be recoverable. Any personal possessions accordingly have either been removed or may be destroyed.

**Pacemakers / Implants**

As Authorizing Agent, I certify that the body of Decedent  **Does**  **Does Not** contain implanted or mechanical radioactive devices (example: pacemaker/defibrillator). If they do exist, I instruct Springfield Mortuary Service, Inc. to remove each device and to properly dispose of said device(s). **Mechanical, radioactive devices or implants in the Decedent may create a hazardous condition when placed in the cremation chamber.**

Springfield Mortuary Service, Inc.  
Authorization for Cremation and Disposition

Personal Property

All personal property and effects delivered with the remains of Decedent, including jewelry, clothing, hair pieces, hearing aids, dental bridgework, eyeglasses, shoes, will be destroyed in the cremation process or otherwise discarded by Springfield Mortuary Service, Inc., in its sole discretion, unless specific written instructions are provided by the Authorizing Agent. [ ] initial

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 Springfield Mortuary Service, Inc. to cremate the remains of the Decedent named above. I agree to hold harmless, indemnify and defend the above named Crematory as well as their representatives, directors, officers, agents, employees and shareholders, from and against all claims, liabilities or damages whatsoever which may result from this authorization and order including the failure to properly identify the remains, failure to take possession or make proper arrangements for the final disposition of the cremated remains, the processing of the remains, shipping of remains, any explodable or harmful impact, infectious disease, other persons claiming rights to control disposition of the remains, or any other cause. No warranties, express or implied, are made and damages shall be limited to the amount of the cremation fee paid.

Signature of Authorizing Agent

***This is a legal document; it contains important provisions concerning cremation. Cremation is irreversible and final. Read this document carefully before signing.***

I, the undersigned, hereby certify that I am the closet living next of kin of the Decedent or that otherwise serve 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 laws of the state to execute this 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 specified.

Executed at \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signature: \_\_\_\_\_

Signature of Witness for signature of Authorizing Agent: \_\_\_\_\_

Representation of Funeral Director

I warrant, to the best of knowledge, that I have reviewed this form with the Authorizing Agent, that no member of Springfield Mortuary Service, Inc., or its staff have knowledge information that would lead us to believe that any of the answers provided by the Authorizing Agent are incorrect, the human remains delivered to the crematory and represented as the human remains that we identified as the Decedent, that Springfield Mortuary Service, Inc., obtained all the necessary permits authorizing the cremation and those permits are attached and that the representations concerning a pacemaker and other materials or implants that may be potentially hazardous are true.

Signature of Funeral Director: \_\_\_\_\_