

Cremation Only \$595.00

Optional Additions

- | | | |
|--|--------------------------|--|
| Accept | Decline | Preneed Agent Arrangement Conference \$115 |
| <input type="checkbox"/> <small>preneed only</small> | <input type="checkbox"/> | Check made to Adams Funeral Home |
| Accept | Decline | Preneed Missouri State Audit Fee \$25 |
| <input type="checkbox"/> <small>preneed only</small> | <input type="checkbox"/> | Check made to Missouri Funeral Trust |
| Accept | Decline | Death Certificates first one is \$13 then \$10 each additional |
| <input type="checkbox"/> | <input type="checkbox"/> | Number of Certificates Needed _____ |
| Accept | Decline | Basic Cardboard Cremation Casket \$95 |
| <input type="checkbox"/> | <input type="checkbox"/> | |
| Accept | Decline | Mailing of Cremated Remains by US postal service \$185 |
| <input type="checkbox"/> | <input type="checkbox"/> | |
| Accept | Decline | Obituary Gathering Editing and Placement \$270 |
| <input type="checkbox"/> | <input type="checkbox"/> | |
| Accept | Decline | Assistance with Missouri Veterans Cemetery \$750 |
| <input type="checkbox"/> | <input type="checkbox"/> | |
| Accept | Decline | Expedited Cremation (Ashes Returned 2-4 days) \$280 |
| <input type="checkbox"/> | <input type="checkbox"/> | |
| Accept | Decline | 15 Minute ID Viewing \$100 |
| <input type="checkbox"/> | <input type="checkbox"/> | |

I have been advised not to plan funeral services which require the cremains to be present until after the cremation is complete. Time required to complete the cremation is variable based on time required to receive doctors or family authorizations and waiting list at the crematory. Cremains are usually returned within 5-10 days

Name _____ **Date** _____

CONTRACT FOR CREMATION

_____ (Person Contracting For The Cremation)

hereby contracts with Adams Funeral Home for the cremation of the deceased, _____ and agrees to pay all charges, fees and cash advances for the goods and services to be provided by the funeral home as set out in the attached statement of goods and services which, by this reference, is incorporated into this contract as if more particularly set out herein. The parties herein acknowledge that the cremation is taking place as per the Cremation Authorization signed by

_____ (Authorizing Agent) on _____ and the Person Contracting For The Cremation hereby states that he or she has the authority or right to enter into this cremation contract.

1. NOTIFICATION

If the Person Contracting For The Cremation is not the same person who signed the Authorization to Cremate, then the Person Contracting For The Cremation states that he or she has notified the person who signed the Authorization to Cremate that, under Missouri law, the person that contracts for the cremation has the right to the possession of the cremated remains or to direct the funeral establishment how to dispose of the cremated remains.

2. IDENTIFICATION OF THE DECEDENT

The Person Contracting For The Cremation acknowledges that the body to be cremated has been properly identified as set out in the Authorization to Cremate as follows:

Name of Decedent:			Date of Death:		Time:
Place of Death:	Sex:	Age:	DOB:	SS#:	

3. THE CREMATION PROCESS

The cremation of the Decedent's remains may take place before or after ceremonies to memorialize the Decedent. Cremation is performed to prepare the remains of the Decedent for final disposition. It is carried out by placing the Decedent's remains in the casket or alternative container, which is then placed into a cremation chamber or retort where they are subjected to intense heat and flame. All cremations are performed individually unless otherwise noted. During the cremation process, it may be necessary to open the cremation chamber and re-position the remains of the Decedent in order to facilitate a complete and thorough cremation. Through the use of suitable fuel, the incineration of the container and its contents is accomplished and all substances are consumed or driven off, except bone fragments (calcium compounds) and metal (including dental gold and silver and other non-human materials) as the temperature is not sufficient to consume them. Due to the nature of the cremation process, any personal possessions or valuable materials, such as dental gold or jewelry (as well as any body prostheses or dental bridgework) that are left with the remains and not removed from the casket or container prior to cremation may be destroyed or if not destroyed, will be disposed of by the Crematory. The Person Contracting For The Cremation understands that arrangements must be made with the Funeral Home to remove any such possessions or valuables prior to the time that the remains of the Decedent are transported to the Crematory. Following a cooling period, the cremated remains, which will normally weigh several pounds in the case of an average-size adult, are then swept or raked from the cremation chamber. Although the Crematory will take reasonable efforts to remove all of the cremated remains from the cremation chamber, it is impossible to remove all of them, as some dust and other residue from the process will be left behind. In addition, while every effort will be made to avoid commingling, inadvertent and incidental commingling of minute particles of cremated remains from the residues of previous cremations is a possibility, and the Person Contracting For The Cremation understands and accepts this fact. After the cremated remains are removed from the cremation chamber, all non-combustible material (insofar as possible) such as dental bridgework and hinges, latches, and nails from the container will be separated and removed from the human bone fragments by visible or magnetic selection. The Crematory is authorized to dispose of these materials with similar materials from other cremations in a non-recoverable manner, so that only human bone fragments will remain. When the cremated remains are removed from the cremation chamber, the skeletal remains often will contain recognizable bone fragments. Unless otherwise specified, after the bone fragments have been separated from the other material, they will be mechanically pulverized. The process of crushing or grinding may cause incidental commingling of the remains with the residue from the processing of previously cremated remains. These granulated particles of unidentifiable dimensions, which are virtually unrecognizable as human remains, will then be placed into a designated container.

4. CASKET OR ALTERNATIVE CONTAINER

The remains are to be cremated in a combustible casket or alternative container that is capable of being completely closed, is resistant to leakage or spillage, is sufficiently rigid to be handled easily, and provides protection for the health and safety of Crematory and Funeral Home personnel. The Crematory is authorized to inspect the casket or alternative container, including opening it if necessary. In the event that the casket or container does not meet the above requirements, the Crematory will notify the Authorizing and the undersigned. Many caskets that are comprised primarily of combustible material also contain some exterior parts (decorative handles or rails) that are not combustible and that may cause damage to the cremation equipment. The Person Contracting For The Cremation authorizes the Crematory, in its discretion, to remove and discard the non-combustible materials. It is understood that some crematories will not accept metal or fiberglass caskets. It is further understood that the casket or alternative container will be consumed as part of the cremation process.

5. PAYMENT FOR SERVICES

The cremated remains will not be disposed of or delivered as set out in paragraph 6 until full payment is made for the goods and services contracted for herein.

6. DISPOSITION OF CREMATED REMAINS

The Person Contracting For The Cremation directs the Funeral Home to dispose or deliver the cremated remains in the following manner (If left blank, the cremated remains will be picked up from the Funeral Home by the Person Contracting For The Cremation):

7. UNCLAIMED REMAINS

If the cremated remains are not disposed of per paragraph 6 or claimed by the Person Contracting For The Cremation within 90 days from the date of cremation, the Funeral Home may, at its discretion, bury, scatter or inter the cremated remains in any place dedicated to such purpose or deliver the cremated remains to any other person or authorized organization as set out in Chapter 194.350.4 of the Revised Statutes of Missouri without further notice to the Person Contracting For The Cremation.

8. CERTIFICATION AND INDEMNIFICATION

The Person Contracting For The Cremation acknowledges that the Funeral Home and Crematory are relying upon the representations and agreements being made by the Person Contracting For The Cremation. The Person Contracting For The Cremation certifies that all of the information and statements contained in this contract are accurate and no omissions of any material fact have been made. The Person Contracting For The Cremation agrees to indemnify and hold harmless the Funeral Home and the Crematory, their officers, directors, employees and agents from any and all claims, demands, actions, causes of action or suits of any kind or nature whatsoever, including, but not limited to, any legal fees arising out of or resulting from the Funeral Home's and the Crematory's reliance on or performance consistent with the directions, statements, representations and agreements contained in this contract, the Authorization for Cremation or the attached Statement of Goods and Services.

Executed this _____, day of _____, 20_____.

Signature of Person Contracting For The Cremation: _____

Adams Funeral Home: _____

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: _____