



CR# _____

AUTHORIZATION FOR CREMATION AND DISPOSITION

Yosemite Cremation Service requires that this Authorization Form be completed and signed prior to the cremation. The undersigned requests and authorizes Yosemite Cremation Service, in accordance with and subject to its rules and regulations and the appropriate section of the State of California Health & Safety Code, to cremate and process the decedent identified below in a manner suitable for interment or other legal disposition.

1. IDENTIFICATION

Name of Decedent: _____ Date of Death: _____ Sex: _____

Address of Decedent: _____

I (We) certify that the decedent did not give directions that his/her remains not be cremated, and that **(Initial All Applicable Lines)**

- _____ I am making this Authorization for Myself.
- _____ I am the Agent under a Durable Power of Attorney for Health Care **(Attach a Copy of the Durable Power of Attorney)**.
- _____ I am the Surviving Spouse of the Decedent. _____ I am the Registered Domestic Partner of the Decedent.
- _____ I am (We are) a Majority of Surviving Adult Child(ren) # _____ **Number of Children (Required)**
- _____ I am (We are) the Surviving Parent(s) # _____ **Number of Parents (Required)**
- _____ I am (We are) a Majority of the Surviving Adult Sibling(s) # _____ **Number of Siblings (Required)**
- _____ Other (Name & Relationship) _____

2. MECHANICAL OR RADIOACTIVE DEVICES - Mechanical devices, artificial implants, pacemakers, defibrillators, pain pumps and certain nuclear medicine residues may create a hazardous condition when placed in a cremation chamber and subjected to high heat. Please list any Artificial Devices implanted in or attached to Deceased or identify if the Deceased was treated with any Radioactive Materials. Description of Devices: _____

_____ The remains of the Decedent **DO** _____ **DO NOT** _____ contain any of the Devices described in Section 2.
(Initials) If the Decedents remains do contain such a device, I/we authorize the Funeral Home/Crematory to remove the Device(s) listed above prior to cremation. I authorize the Crematory or it's agent to lawfully dispose of all such Device(s) in any manner it sees fit and at any time.

3. PERSONAL PROPERTY - All personal property and effects delivered with the remains of the Decedent to the Crematory, including jewelry, clothes, hair pieces, dental bridgework, eyeglasses, and shoes, will be destroyed in the cremation process or otherwise discarded by the Crematory, in its sole discretion, unless specific instructions for delivery are given below. If no specific instructions are given, I/we release the Funeral Home and Crematory from liability for these items. Items are to be returned to Authorizing Agent or Designee: **YES** _____ **NO** _____ **DESCRIPTION:** _____

4. CREMATION CONTAINER - The Crematory requires the remains of the Deceased be in a leak resistant, rigid, combustible container for cremation. I authorize the crematory to remove and dispose of handles, ornaments or other non-combustible parts of the cremation container or casket.

5. URN - An urn to hold the cremated remains may be purchased or provided by the Authorizing Agent but an urn is not required. If an urn is not purchased or provided, the cremated remains will be delivered in a rigid temporary container. "A person having the right to control disposition of cremated remains may remove the remains in a durable container from the place of cremation or interment, pursuant to Section 7054.6 of Health and Safety Code." If the cremated remains container cannot accommodate all cremated remains of the deceased, the crematory shall provide a larger cremated remains container at no additional cost, or place the excess in a second container that cannot easily come apart from the first, pursuant to Section 8345 of the Health and Safety Code. **Description of Urn:** _____

6. WITNESSING - The crematory may allow witnessing of the initial cremation process. **A separate fee will be charged if you choose to witness.** As authorizing agent I allow: _____ **NO** I decline to witness the cremation. _____ **YES** I would like to witness the cremation.
(Initials) **(Initials)**

7. WEIGHT LIMITS - **Decedents Weight** _____ **lbs.** The fee for cremation is based on the weight being **250lbs or less.**
_____ I acknowledge the decedents weight ↑ and that there will be an additional fee for cremation if the weight exceeds 250lbs.
(Initials)

8. TIME - The cremation of the decedent's remains cannot take place until all legal required permits and authorizations are obtained and presented to the Crematory. The Crematory will perform the cremation according to its schedule (unless a specific date and time is requested below) and at its sole discretion, without obtaining any further authorizations or instructions. The Crematory reserves the right to delay the cremation if the right of the person authorizing this cremation is contested by someone. The average cremation process may take a **MINIMUM OF 7 TO 10 WORKING DAYS.**

9. THE CREMATION PROCESS - I acknowledge the following: The human body burns with the casket, container, or other material in the cremation chamber. Some bone fragments are not combustible at the incineration temperature and, as a result, remain in the cremation chamber. During the cremation, the contents of the chamber may be moved to facilitate incineration. The chamber is composed of ceramic or other material, which disintegrates slightly during each cremation, and the product of that disintegration is commingled with the cremated remains. Nearly all of the contents of the cremation chamber, consisting of the cremated remains, disintegrated chamber material, and small amounts of residue from previous cremations are removed together and crushed, pulverized, or ground to facilitate interment or scattering. Some residue remains in the cracks and uneven places of the chamber. Periodically, the accumulation of this residue is removed and interred in a dedicated cemetery property, or scattered at sea.

10. **FINAL DISPOSITION & RELEASE OF CREMATED REMAINS** - I authorize the Crematory to release the cremated remains back to the Funeral Home to take the action I've indicated below with respect to the cremated remains of the Decedent. **I authorize the following:**

_____ **Pick up at Funeral Home** or _____ **Mail Cremated Remains** or _____ **Deliver Cremated Remains**
INITIALS INITIALS INITIALS

REQUIRED

PLEASE PRINT - Recipients Name, Full Mailing Address & Phone Number

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

[NOTE: I understand that if the remains are not picked up within (90) days after the cremation, the Funeral Home may either scatter the remains at sea or deliver the remains to a licensed cemetery for final disposition in a manner which may make the remains non-recoverable.]

11. **OBLIGATION OF CREMATORY; LIMITATION ON DAMAGES** - The obligation of the Crematory shall be limited to the cremation of the Decedent and the disposition of the cremated remains as directed herein. I agree to release and hold the Crematory, its affiliated companies and their employees and agents harmless from any and all loss, damages, liability or causes of action (including attorneys' fees and costs of litigation) in connection with the cremation and disposition of the cremated remains as authorized herein, or the failure to properly identify the Decedent or to take possession of or make arrangements for the permanent disposition of the cremated remains. No warranties, express or implied, are made by the Crematory and damages shall be limited to the refund of the fee paid for the cremation. **NOTE:** California law provides "Any person signing any authorization for the interment or cremation of any remains warrants the truthfulness of any fact set forth in the authorization, the identity of the person whose remains are sought to be interred or cremated, and his or her authority to order interment or cremation. He or she is personally liable for all damage occasioned by or resulting from the breach of such warranty."

Signature: The following persons authorize the cremation and disposition of the Decedent named above, and agree that a facsimile copy of this Authorization shall be as valid as an original.

1 _____
(SIGNATURE) PRINT NAME Relationship to Decedent Date
Address Phone

2 _____
(SIGNATURE) PRINT NAME Relationship to Decedent Date
Address Phone

3 _____
(SIGNATURE) PRINT NAME Relationship to Decedent Date
Address Phone

Funeral Home: _____ Counselor Signature: _____

For more information on Funeral, Cemetery, and Cremation matters contact: State of California Department of Consumer Affairs Cemetery and Funeral Bureau, 1625 North Market Boulevard, Suite S-208, Sacramento, California 92834, (916) 574-7870.

RECEIPT OF CREMATED REMAINS
DO NOT SIGN UNTIL CREMATED REMAINS ARE RELEASED

Printed name of person receiving cremated remains: _____

Name of Deceased: _____ Date of receipt: _____, 20____

Description of Urn: _____ Time of receipt: _____ am/pm

Signature(s): _____ Relationship _____

I/We acknowledge receipt of the cremated remains of Deceased and assume responsibility for the disposition of the cremated remains.

Printed name of funeral home representative: _____ Signature: _____