



8955 South Ridgeline Blvd. Ste. 100
Highlands Ranch, Colorado 80129
Phone: (720) 344-6087 Fax: (720) 344-6101
Email: hfs@heflebower.com

CREMATION AUTHORIZATION

Name of Deceased: _____ Sex: _____ Age: _____

Date of Birth: _____ Place of Birth: _____

Date of Death: _____ Place of Death: _____ Marital Status: _____

Name of Mortuary: **HEFLEBOWER FUNERAL & CREMATION SERVICES**

In requesting cremation, I acknowledge that such is an IRREVERSIBLE ACT, and therefore, I do hereby authorize cremation with full knowledge that the Funeral Director in charge is acting solely upon my direction. I/We, the undersigned, do hereby agree to indemnify and hold the crematory, its agents, officers, employees, and the above funeral home harmless from any and all claims, suits, or causes of action (including attorney's fees and expenses of litigation) for the defense thereof, brought by any person, firm, or corporation, or the personal representative thereof.

- 1. All cremations are performed individually.
- 2. I understand that due to the nature of the cremation process, any jewelry, personal material (including prostheses) and valuables, to include dental gold and silver, will be destroyed, and/or rendered unrecoverable unless otherwise notified in writing.
- 3. Cremated remains shall not be contained (insofar as possible) with foreign material. All noncombustible materials (insofar as possible), such as dental bridgework, and materials from the casket or alternative container, such as hinges, latches, nails, etc., will be separated and removed by visible or magnetic selection and will be disposed of by Funeral Director's Service LLC.
- 4. Following cremation, the cremated remains of the Deceased, consisting primarily of bone fragments, will be mechanically pulverized to an unidentifiable consistency prior to placement in an urn or other container.
- 5. In the event the urn or container is insufficient to accommodate all of the cremated remains of the Deceased, any excess remains will be placed in a secondary container and returned together with the primary urn or container.
- 6. I/We 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 Deceased, and that some particles may inadvertently become commingled with particles of other cremated remains remaining in the cremation chamber and/or other devices utilized to process the cremated remains. I/We hereby authorize the Crematory to dispose of any such residual particles in any lawful manner it deems appropriate.
- 7. The cremated remains not claimed may be disposed of in a suitable manner as law provides after a period of ninety (90) days. However, a certified notice to the last known address of the authorized representative must be made at least thirty (30) days prior to the date of final disposition. If the arrangements for their final disposition are not made within the specified time, the management shall be in no way liable for the loss or destruction of said remains. The person authorizing the cremation, or the heirs at law, either jointly or severally, shall be held liable for rental space occupied by the remains pending the time prior to the final disposition of the cremated remains.

FINAL DISPOSITION

Disposition of Cremated Remains: **RETURN TO FAMILY**
Mechanical or radioactive devices implanted in the remains of the Deceased, such as pacemakers, radium implants, defibrillators, loop recorders, etc. (this does NOT include hip, knee, or joint replacements) may create hazard when placed in the cremation chamber. The Crematory will not cremate any human remains which contain any type of implanted or radioactive device. In the event the remains of the Deceased contains such a device, I/We authorize Funeral Director's Service, LLC, its agents, and employees, to remove such mechanical devices from the remains of the Deceased prior to cremation, and dispose of such items at its discretion. **Is there any type of implanted mechanical or radioactive device in the decedent?** Yes _____ No _____ Initial _____

SIGNATURE OF THE AUTHORIZING AGENT(S)

By executing this cremation authorization form, as authorizing agent(s), the undersigned warrant that all representations and statements contained on this form are true and correct, that these statements were made to induce Funeral Director's Service, LLC to cremate the human remains of the decedent, and that the undersigned have read and understand the provisions contained on this form.

Name: _____ Signature: _____ Relationship: _____
(Please Print)

Name: _____ Signature: _____ Relationship: _____
(Please Print)

**SIGNATURE OF FUNERAL DIRECTOR OR OTHER INDIVIDUAL AS WITNESS
FOR THE SIGNATURE(S) OF THE AUTHORIZING AGENT(S)**

Name: _____ Signature: _____
(Please Print)

Date: _____ Relationship to Deceased: _____