

KING OF PRUSSIA CREMATORY

805 DeKalb Street (Route 202) • Bridgeport, Montgomery County, Pennsylvania 19405-1211 • (610) 272-1773

AUTHORIZATION FOR CREMATION AND DISPOSITION

(Please print or type)

I(We), the undersigned (the "Authorizing Agent(s)"), hereby authorize and request King of Prussia Crematory, hereafter referred to as K. of P. C., in accordance with and subject to its rules and regulations, and any applicable state/provincial or local laws or regulations, to cremate the human remains of _____ (the "decedent") and to arrange for the final disposition of the cremated remains, as set forth on this form.

I(We) have identified the human remains that were delivered to the funeral home as the decedent, and have authorized the funeral home to deliver the decedent to K. of P. C. for cremation. Otherwise, I(We) have elected to waive the right to identify the human remains at the funeral home.

I(We) have read the attached document entitled "K. of P. C. Policies, Procedures and Requirements," and hereby authorize K. of P. C. to perform the cremation of the decedent in accordance with that document. (Reverse side of this document)

Initials of AA _____ (Acknowledgment of prior 3 paragraphs)

IDENTIFICATION

Date of Death _____ Time of Death _____ AM / PM

Place of Death: City, Borough, Twp. _____ County _____ State _____

Sex _____ Race _____ Age _____

Was death caused by an infectious or contagious disease? Yes No

If yes, please explain: _____

PACEMAKERS, PROSTHESES, SILICON AND RADIOACTIVE IMPLANTS

Did the decedent's remains contain a silicon implant? Yes No

Please initial one of the next two paragraphs

The decedent's remains do not contain a pacemaker, radioactive implant or any other device that could be harmful to the crematory. They are safe to cremate.

Initials of AA _____

The following list contains all existing devices (including all mechanical, radioactive implants and prosthetic devices) which are implanted in or attached to the decedent, that should be removed prior to cremation: _____

I have instructed the funeral home to remove or arrange for the removal of these devices and to properly dispose of them prior to transporting the decedent to K. of P. C.

Initials of AA _____

ALL PACEMAKERS AND RADIOACTIVE IMPLANTS MUST BE REMOVED PRIOR TO DELIVERING THE DECEDENT TO K. OF P. C.

TIME OF CREMATION

K. of P. C. is authorized to perform the cremation upon receipt of the human remains, at its discretion, and according to its own time schedule, as work permits, without obtaining any further authorization or instructions.

FINAL DISPOSITION

After the cremation has taken place, the cremated remains have been processed and the processed cremated remains placed in the designated receptacle, K. of P. C. will arrange for the disposition of the cremated remains as follows, and the Authorizing Agent(s) hereby authorizes K. of P. C. to release, deliver, transport, or ship the cremated remains as specified. Check one of the following:

1. _____ Release the cremated remains to the funeral home and/or family to be picked up within 10 days.
2. _____ Deliver the cremated remains to _____ By (date and time) _____
3. _____ Release cremated remains to K. of P. C. to Scatter at Sea and/or Ground Burial for a modest fee. (Cannot be recovered)
4. _____ Deliver the cremated remains to the U.S. Postal Service for shipment by Priority Mail to: _____
(or other specific instructions) _____

(If option four is selected, then I(We) agree to assume all liability that may arise from such shipment, and to indemnify and hold K. of P. C. harmless from any and all claims that may arise from such shipment.)

Initials of AA _____

AUTHORITY OF AUTHORIZING AGENT

I(We), the undersigned, hereby certify that I am the closest living next of kin of the decedent and that I am related to the decedent as his/her, _____ or that I otherwise serve (served) 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/province of _____, to execute the 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.

LIMITATION OF LIABILITY

As the Authorizing Agent(s), I(We) hereby agree to indemnify, defend, and hold harmless K. of P. C., its officers, agents, and employees, of and from any and all claims, demands, causes or causes of action, and suits of every kind, nature and description, in law or equity, including any legal fees, costs and expenses of litigation, arising as a result of, based upon or connected with this authorization, including the failure to properly identify the decedent or the human remains transmitted to K. of P. C., the processing, shipping and final disposition of the decedent's cremated remains, the failure to take possession of or make proper arrangements for the final disposition of the cremated remains, any damage due to harmful or explodable implants, claims brought by any other person(s) claiming the right to control the disposition of the decedent or the decedent's cremated remains, or any other action performed by K. of P. C., its officers, agents, or employees, pursuant to this authorization, excepting only acts of willful negligence.

Initials of AA _____

SIGNATURE OF AUTHORIZING AGENT(S)

THIS IS A LEGAL DOCUMENT. IT CONTAINS IMPORTANT PROVISIONS CONCERNING CREMATION. CREMATION IS IRREVERSIBLE AND FINAL.

READ THIS DOCUMENT CAREFULLY BEFORE SIGNING.

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 K. of P. C. to cremate the human remains of the decedent, and that the undersigned have read and understand the provisions contained on this form.

Executed at _____ this _____ day of _____, 20 _____

Name _____ Signature _____

Relationship to decedent _____ Phone No. (_____) _____

Address _____

Name _____ Signature _____

Relationship to Decedent _____ Phone No. (_____) _____

Address _____

Signature of Funeral Director as Witness for Signature(s) of Authorizing Agent(s) _____

Name and Address of Funeral Home _____

Other Specific Instructions _____