

BURIAL AUTHORIZATION

Regarding the burial of:

Case Number _____

Name _____ Date of Death: _____

The burial and disposition of the remains of the deceased shall be performed in accordance with all governing laws, the policies, procedures and requirements of _____ (hereinafter referred to as the "Funeral Home").

This document describes many of the policies and requirements of the Funeral Home. We prefer each Authorizing Agent(s), (hereinafter referred to as the "AA") to read this carefully and initial each section before executing this authorization. It is the responsibility of the legal survivors, not the Funeral Home, to make sure all required signatures are provided. It may be necessary to fax this document to another legal survivor upon your direction.

Initials of AA _____

I/We hereby request and authorize the Funeral Home to take possession of and make arrangements for the burial of the remains of the deceased in _____ (Cemetery). I/we agree to indemnify and hold the Funeral Home, AND its officers, agents and employees harmless from any and all loss, costs, or damages (including attorney fees) it or they may suffer or incur by reason of acting upon the order and authorization set forth.

Initials of AA _____

A. Was the death due to a communicable or otherwise dangerous disease? _____ Yes _____ No Initials of AA _____

B. **CASKET.** The Cemetery requires that the body of the deceased be delivered to the Cemetery in a suitable container to provide dignity for the deceased and safety for the staff. This container must meet the following standards: (1) be capable of closing to provide a complete covering for the deceased; (2) be rigid enough for handling with ease.

The burial will take place in the following casket _____

Initials of AA _____

C. **VIEWING.** I/We will () will not () view the decedent before burial. This viewing will take place on _____ (day), _____ (date), _____ (time), at _____ (location).

Initials of AA _____

D. **TIME OF BURIAL & WITNESSING.** The Funeral Home is authorized to perform the burial upon receipt of the human remains, at its discretion, according to its own time schedule, as work permits, without obtaining any further instructions. _____ Yes _____ No If no, the burial shall take place on _____ (day), _____ (date), _____ (time).

Initials of AA _____

E. **DISPOSITION OF ANY PERSONAL EFFECTS FROM PLACE OF DEATH; OR PROVIDED BY FAMILY FOR VIEWING OR SERVICE: (Itemize)**

- Buried with body _____
- Returned to survivors _____
- Removed/placed in Casket _____

Initials of AA _____

AUTHORITY OF AUTHORIZING AGENT(S)

I/We hereby represent that the following is true and correct (circle or fill – in information as applicable):

- 1. YES* NO The deceased left a written instrument regarding decedent’s last wishes, ceremonial arrangements regarding decedent’s death or who may direct the ceremonial arrangements regarding decedent’s death.

- 2. YES* NO Either a Personal Representative or Special Administrator of decedent’s estate has been appointed by the probate court. (If #1 or #2 apply, please provide documentation of such with the burial authorization) An Executor or Personal Representative of a will has no authority unless the Last Will and Testament has an amendment of disposition therein.

- 3. YES* NO The deceased was an active duty member of the Armed Forces of the United States, a reserve component thereof or the National Guard, a person designated by the decedent in the United States Department of Defense Record of Emergency Data, DD Form 93, or its successor form, as the person authorized to direct disposition of the human remains of the decedent.

- 4. YES* NO There is a surviving spouse of the deceased.
Name _____

- 5. YES* NO There are adult surviving children of the deceased. How many? _____
List _____
List _____

- 6. YES* NO There are surviving parents of the deceased.
List _____
List _____

- 7. YES* NO There are adult siblings of the deceased. How many? _____
List _____
List _____

- 8. YES* NO A grandparent of the decedent. Name _____

- 9. YES* NO A guardian of the person of the decedent at time of death. Name _____
(Provide Guardianship documentation)

- 10. YES* NO Any person who: (a) Is at least 18 years of age; and (b) Executes and affidavit affirming: (1) That he or she knew the decedent; (2) The length of time that he or she knew the decedent; (3) That he or she does not know the whereabouts of any of the persons specified in paragraphs (a) to (h), of NRS 451.024, inclusive, of subsection 1; and (4) That he or she willingly accepts legal and financial responsibility for the burial of the human remains of the decedent.
Name of person _____ (Provide documentation attesting to such)

- 11. YES* NO The Public Administrator or Department of Human Services is empowered to carry out the disposition. (If decedent is indigent)

12. If #1 through #11 do not apply, please explain below (or on a separate attached sheet):

The order listed above is the order of priority pursuant to Nevada Revised Statute 451.024 as to the persons or documents that are empowered with the right to control disposition of the human remains of a decedent. If any person who represents the highest authorizing class is unable or unwilling to authorize the disposition of the body, such person shall in writing waive such authority or control.

I/We, the undersigned, hereby warrant and represent that the above information is true and correct.

Strike through either or both of the following sentences if they are untrue or do not apply:

- **I/We have the legal right to control disposition of the last remains or ceremonial arrangements of decedent.**
- **I/We further warrant and represent that no party has the greater rights than I or we.**

Initials of AA _____

SIGNATURE OF AUTHORIZING AGENT(S)

I/We hereby indemnify and hold harmless the **Funeral Home** from any claim, loss, damage, cause of action of any type or manner whatsoever, including but not limited to, attorney fees, based on any statement made by the authorizing agent(s) being untrue. By executing this burial authorization as authorizing agent(s), the undersigned warrant that all representations are true and correct, that those statements were made to allow the Funeral Home to bury the remains of the deceased, and that the undersigned have read and understood each provision contained in this document. I/We are not aware of any objection to burial by any other person who has the right to control the disposition of the deceased's remains.

Executed at _____ (location) this _____ (day) of _____ (month) of _____ (year)

Name _____ Signature _____ Relationship to deceased _____

Phone _____ Address _____ City _____ State _____ Zip _____

Name _____ Signature _____ Relationship to deceased _____

Phone _____ Address _____ City _____ State _____ Zip _____

Name _____ Signature _____ Relationship to deceased _____

Phone _____ Address _____ City _____ State _____ Zip _____

Name _____ Signature _____ Relationship to deceased _____

Phone _____ Address _____ City _____ State _____ Zip _____

Name _____ Signature _____ Relationship to deceased _____

Phone _____ Address _____ City _____ State _____ Zip _____

Name _____ Signature _____ Relationship to deceased _____

Phone _____ Address _____ City _____ State _____ Zip _____

Name of Deceased: _____ Signature of Funeral Director or Witness _____