

CREMATION AUTHORIZATION

Regarding the cremation of:

Care Number _____

Name _____ Date of Death: _____

The cremation, processing, 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 cremation of the remains of the deceased at Sierra Crematory (hereinafter referred to as the "Crematory"). Also, I/we agree to indemnify and hold the Funeral Home, AND Sierra Crematory, 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. THE CREMATION PROCESS. All cremations are performed individually. Cremation is performed by placing the deceased in a container and then placing the container into a cremation chamber where the temperature is raised to about 1700 degrees Fahrenheit. During the cremation process, it may be necessary to open the cremation chamber and reposition the deceased in order to facilitate a complete and thorough cremation. Incineration of the container and contents is accomplished, and most substances are consumed, except bone fragments (calcium compounds), glass and metal, as the temperature is not sufficient to completely consume them. Following a cooling period, the cremated remains, which will normally weigh several pounds in the cases of an average size adult, are then swept or raked from the cremation chamber. **(Please note that in the event of the cremation of an infant: due to the limited bone structure of an infant, it is not possible to guarantee the return of any cremated remains.)** In addition, while every effort is made to avoid commingling, inadvertent or incidental commingling of minute particles of the cremated remains from the residue of previous cremations is a possibility. After the cremated remains are removed from the cremation chamber, all non-combustible materials (insofar as possible), such as bridgework, and materials from the container, such as hinges, latches, etc., will be separated and removed from the human bone fragments by visible or magnetic selection and will be disposed of by the crematory with similar materials from other cremations in a nonrecoverable manner. The cremated remains are then processed to allow for placement in a suitable container. **The crematory makes a reasonable effort to put all of the cremated remains in the container with the exception of dust and other residue, which may remain on the equipment.**

Initials of AA _____

B. PROCEDURES. The non-combustible items may be destroyed during the cremation process. I/We further authorize that if any items, other than the cremated remains of the deceased, are recovered from the cremation chamber, they may be separated from the cremated remains of the deceased and disposed of by the crematory.

Initials of AA _____

C. DEVICES. Mechanical or radioactive devices in the deceased may create a hazardous condition when placed in the cremation chamber. It is imperative that these items be removed prior to cremation. The Funeral Home or Crematory has no duty to inspect the body for these items. I/We also understand that in the event of failure to notify the Funeral Director or others responsible for the removal of such a device, I/We will be liable for any damages to the crematory or injury to crematory personnel. I/We hereby certify that the human remains of the deceased **Do () Do Not ()** contain any such devices. In the event any of these devices are present, I/we hereby authorize the Crematory, and its agents and employees, to remove any such devices from the remains of the deceased prior to cremation.

Please describe any such devices: _____ (crematory will verify)

Initials of AA _____

D. Was the death due to a communicable or otherwise dangerous disease? _____ Yes _____ No

Initials of AA _____

E. CASKET/CONTAINER. The Crematory requires that the body of the deceased be delivered to the Crematory in a suitable container to provide dignity for the deceased and safety for the Crematory staff. This container must meet the following standards: (1) be composed of readily combustible materials suitable for cremation; (2) be capable of closing to provide a complete covering for the deceased; (3) be resistant to leakage or spillage; (4) be rigid enough for handling with ease. The crematory does not accept metal containers or metal caskets. If a ceremonial (rental) casket is selected, I/we acknowledge and accept that this casket has been used before and may be used again.

The cremation process will take place in the following container _____

Initials of AA _____

F. URNS/CONTAINERS. After the cremated remains have been processed, the cremated remains will be placed in a designated urn or container. The Crematory will make a reasonable effort to put all of the cremated remains in the urn or container. In the event the urn or container provided is insufficient to accommodate all of the cremated remains, the excess will be placed in a secondary container, and will be handled according to disposition instructions listed in the document.

The cremated remains will be placed in the following urn or container: _____

Initials of AA _____

G. **VIEWING.** I/We **WILL** () **WILL NOT** () view the decedent before cremation. This viewing will take place on _____ (day), _____ (date), _____ (time), at _____ (location). If there is no viewing, I/we understand that there will be a mandatory waiting period of at least 48 hours from the time the Funeral Home receives the body until the cremation process begins.

Initials of AA _____

H. **TIME OF CREMATION & WITNESSING.** The Crematory **IS** () **IS NOT** () authorized to perform the cremation upon receipt of the human remains, at its discretion, according to its own time schedule, as work permits, without obtaining any further instructions. If not, the cremation shall take place on _____ (day), _____ (date). For those choosing to witness the cremation, the policy of Crematory is that once the cremation begins, the chamber door shall remain closed until the process is completed. I/We **WILL** () **WILL NOT** () witness cremation. If yes, _____ (time), _____ (date).

Initials of AA _____

I. **DISPOSITION OF ANY PERSONAL EFFECTS FROM PLACE OF DEATH; OR PROVIDED BY FAMILY FOR VIEWING OR SERVICE:**

- **Items to cremate with remains** _____

- **Items to return to survivors** _____

- **Items to place in urn** _____

Initials of AA _____

J. **FINAL DISPOSITION.** Cremation is not the final disposition, nor is placing the cremated remains in storage at the funeral home final disposition. The cremation process simply reduces the human body to cremated remains. The cremated remains usually weigh several pounds and usually consist of volume in excess of 150 cubic inches. **(Please note that in the event of the cremation of an infant: due to the limited bone structure of an infant, it is not possible to guarantee the return of any cremated remains.)** Therefore, the Crematory strongly suggests that arrangements for the final disposition be made when the arrangements and the cremation authorization are completed. Your informed decision can minimize survivor trauma, ease the passage through the stages of grief, and provide a focal point of memories for generations to come. At the conclusion of the cremation, the cremated remains will be processed and placed in the designated urn or container, at which time the Crematory will arrange for the disposition of the cremated remains as follows, and the Authorizing Agent(s) hereby authorizes the Crematory to release, deliver, transport, or mail the cremated remains as specified. **SOME PROVISION FOR THE FINAL DISPOSITION OF THE CREMATED REMAINS MUST BE MADE.**

SELECT ONE OF THE FOLLOWING CHOICES BELOW:

1. _____ The cremated remains shall be released to the following designated person(s):

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

2. _____ Scattering cremated remains by mortuary staff in the Nevada foothills. The Authorizing Agent(s) understands if this option is selected the cremated remains shall not be recoverable.

3. _____ Deliver the cremated remains to _____ Cemetery. Date and Time: _____

4. _____ Deliver the cremated remains to the U.S. Postal Service for shipment by Registered, Return Receipt Mail or by:

- Send to: Name _____
- Full Address _____
By choosing this option, I/we assume all liability that may arise from such shipment, and indemnify and hold the Funeral Home and Crematory harmless from any and all claims that may arise from said shipment. **(Be advised that the United States Postal Service is the only company which ships cremated remains).**

Initials of AA _____

K. 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 designated a person with the authority to order his/her cremation in a legally, valid document or in an affidavit.

2. 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.

3. YES* NO There is a surviving spouse of the deceased.

List _____

4. YES* NO There are adult surviving children of the deceased (must be biological or legally adopted children). How many? _____

List _____

List _____

List _____

5. YES* NO There are surviving parents of the deceased.

List _____

6. YES* NO There are adult siblings of the deceased. How many? _____

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 cremation of the human remains of the decedent. Name of person _____ **(grandchildren, stepchildren, nieces, nephews, aunts, uncles, cousins, significant others, and friends fall under this category).**

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 greater rights than I or we.**

Initials of AA _____

L. Special Requests: _____

Initials of AA _____

SIGNATURE OF AUTHORIZING AGENT(S)

I/We hereby indemnify and hold harmless the **Funeral Home** and **Sierra Crematory** 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 cremation authorization as authorizing agent(s), the undersigned warrant that all representations are true and correct, that those statements were made to allow Sierra Crematory to cremate 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 cremation 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 _____

Printed name of Funeral Director/Arranger: _____ Signature of Funeral Director/Arranger: _____

Name of Deceased: _____

****NRS 451.655 Two Witnesses Required for Pre-Need Cremation Order****

****Printed Name of Witness** _____ ****Signature of Witness** _____

****Printed Name of Witness** _____ ****Signature of Witness** _____

(NOTE) The cremated remains of your loved one will be returned to you within 7-10 business days from the day legal documentation (cremation permit and cremation authorization) is received by the crematory unless you have made specific arrangements with your funeral service professional. If you desire your loved one's cremated remains in a more expedient time frame have your funeral service professional contact the crematory for plausible facilitation of your needs.