

AUTHORIZATION FOR CREMATION

THIS IS A LEGAL DOCUMENT. IT CONTAINS IMPORTANT PROVISIONS CONCERNING CREMATION. CREMATION IS IRREVERSIBLE AND FINAL. READ THIS DOCUMENT CAREFULLY BEFORE SIGNING.

I (we) the undersigned (Authorizing Agent) hereby certify that we are the legal custodians of the herein deceased having full legal authority to authorize the cremation, processing and disposition of the cremated remains of the deceased and request Alabama Funeral Homes & Cremation Centers, 21927 Hwy 280, Camp Hill, Alabama 36850, hereinafter referred to

as AFH&CC to provide cremation, processing and disposition of _____ S.S. # _____ D.O.B. _____

Date of Death _____, County _____ in accordance with and subject to (a) terms and conditions set forth in this form, (b) Company rules and regulations, (c) in accordance with the document, which I have read, entitled AFH&CC Policies, Procedures and Requirements (reverse side of this document):

Age: _____
Time of Death: _____

Initials of AA: _____

IDENTIFICATION

Please initial one of the following:

(A) I the Authorizing Agent identified the human remains that were delivered to the funeral home of the decedent, and have authorized AFH&CC to proceed with the cremation.

Initials of AA: _____

(B) I the Authorizing Agent elected to waive the right to identify the decedent before authorizing AFH&CC to proceed with the cremation.

Initials of AA: _____

PACEMAKERS

Mechanical devices implanted in the Deceased may create a hazardous condition when placed in a cremation chamber. AFH&CC will not, therefore, cremate any human remains which contain any type of implanted mechanical device. THE AUTHORIZED REPRESENTATIVES CERTIFY THAT THE REMAINS OF THE DECEASED

() DO () DO NOT CONTAIN ANY TYPE OF IMPLANTED MECHANICAL DEVICE. In the event the remains of the Deceased do contain such a device, the Authorizing Agent hereby instructs the funeral home, its agents and employees, to contact the appropriate persons and secure the removal of any and all mechanical devices from the remains prior to the commencement of the cremation process. The Authorizing Agent also agrees to indemnify the funeral home, its affiliates, and their agents and employees against loss from any and all claims, demands, or damages which may be made or declared against it or them by reason of the failure of the Authorizing Agent to timely disclose the existence of such implanted devices.

ALL PACEMAKERS MUST BE REMOVED

Initials of AA: _____

FINAL DISPOSITION

(1) _____ Return to Funeral Home Within 7 Business Days

(2) _____ To be picked up by Funeral Home

SPECIAL INSTRUCTIONS _____

Person(s) Authorized to Receive Cremated Remains: _____

Initials of AA: _____

LIMITATION OF LIABILITY

As the Authorizing Agent(s), I (we) hereby agree to indemnify, defend and hold harmless AFH&CC and the Funeral Director, its officers, agents and employees, of and from any and all claims, demands, causes and 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 transported or picked up by AFH&CC, 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, and damage due to harmful or explodable implants. Claims brought by another person(s) claiming the pursuant to this authorization, excepting only acts of willful neglect.

Initials of AA: _____

SIGNATURE(S) OF 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 AFH&CC to cremate the human remains of the decedent and that the undersigned have read and understand the provisions contained on this form.

Completed at _____, this _____ day of _____, 20 _____.

Signature _____
AUTHORIZING AGENT PRINT NAME SOCIAL SECURITY NUMBER RELATIONSHIP TO DECEASED

Address _____ Tel. No. _____

Signature _____
AUTHORIZING AGENT PRINT NAME SOCIAL SECURITY NUMBER RELATIONSHIP TO DECEASED

Address _____ Tel. No. _____

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

WHITE - Crematory YELLOW - Authorizing Agent PINK - Funeral Home