

AUTHORIZATION FOR CREMATION AND DISPOSITION

I, the undersigned, certify, warrant and represent that I have the full legal right and authority to authorize the cremation, processing and disposition of the remains of _____ (herein referred to as the deceased) Date of Birth: _____ Date of Death _____ Time of Death _____ () AM () PM Place of Death: _____ I hereby request and authorize Abanks Mortuary and Crematory (hereinafter referred to as the funeral home) to take possession of and make arrangements for the cremation of the remains of the Deceased at ABANKS MORTUARY AND CREMATORY (hereinafter referred to as the crematory). I authorize the Crematory to return the cremated remains of the Deceased as follows:

_____ The cremation, processing and disposition of the remains of the Deceased authorized herein shall be performed in accordance with all governing laws, rules, regulations and policies of the Crematory and Funeral Home and the following terms and conditions: _____ Mechanical or radioactive devices implanted in the remains of the Deceased (such as pacemakers, etc.) may create a hazard when placed in the cremation chamber. The Crematory will not cremate any human remains which contain any type of implanted mechanical or radioactive device. In the event that the remains of the deceased contain such a device I/we hereby authorize the funeral home, its agents and employees to remove any such mechanical devices from the remains of the Deceased prior to cremation, and dispose of such items at its discretion. I/WE HEREBY CERTIFY THAT THE REMAINS OF THE DECEASED DO() DO NOT () CONTAIN ANY TYPE OF IMPLANTED MECHANICAL OR RADIOACTIVE DEVICE.

Listed below are all implanted mechanical and radioactive devices which the funeral home is authorized to remove from the remains of the

Deceased prior to cremation and dispose of as indicated: _____
Description of Implanted Device Disposition

If no instructions for disposition are given such items may be disposed of at the discretion of the Funeral Home.

The cremation container containing the remains of the Deceased will be placed in the cremation chamber and will be totally and irreversibly destroyed by prolonged exposure to intense heat and direct flame. I authorize the Crematory to open the cremation chamber during the cremation process and reposition the remains of the deceased in order to facilitate a complete and thorough cremation.

Certain items including, but not limited to, body prosthesis, dentures, dental bridgework, dental fillings, jewelry and other personal articles accompanying the remains of the deceased may be destroyed during the cremation process. I 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. I hereby authorize the Crematory to separate and remove from the cremation chamber all noncombustible materials including, but not limited to, hinges, latches, nails, jewelry and precious metals, and to dispose of such material.

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.

Unless an urn or container is purchased or provided, the Crematory will place the cremated remains of the deceased in a temporary plastic container.

In the event the urn or container is insufficient to accommodate all of the cremated remains of the Deceased, any excess cremated remains will be placed in a secondary container and returned to the Funeral Home, together with the primary urn or container.

I understand and acknowledge, that even with the exercise of reasonable care and use of the Crematory's best efforts, it is not possible to recover all the 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 hereby authorize the Crematory to dispose of any such residual particles in any lawful manner I deem appropriate. In the event the cremated remains of the deceased remain unclaimed for a period of 30 days, the Funeral Home shall give written notice to me by certified mail at the address indicated below. I agree that in the event the cremated remains of the Deceased remain unclaimed for a period of 120 days after the date such written notification is mailed, the Funeral Home is authorized and directed to dispose of the unclaimed cremated remains of the Deceased in any lawful manner it may deem appropriate.

I agree to indemnify, release and hold the Crematory, Funeral Home and their affiliates, agents, employees and assigns harmless for any and all loss, damages, liability or causes of action (including attorney's fees and expenses of litigation) in connection with the cremation and disposition of the cremated remains of the Deceased, as authorized herein, or my failure to correctly identify the remains of the Deceased, disclose the presence of any implanted mechanical or radioactive devices, or take possession of, or make permanent arrangements for, the disposition of such remains.

Except as set forth in the Authorization no warranties, expressed or implied, are made by the Funeral Home, Crematory or any of their respective affiliates, agents or employees.

SIGNATURE OF PERSON AUTHORIZING CREMATION AND DISPOSITION

I warrant that all representations and statements made herein are true and correct, and that I have read and understand the provisions contained in this document.

Signature _____ Print Name _____ Kinship _____

Address _____ Tel. No. () _____

Signature _____ Print Name _____ Kinship _____

Address _____ Tel. No. () _____

Signature _____ Print Name _____ Kinship _____

Address _____ Tel. No. () _____

Witness _____ Print Name _____ Date _____

Name and Address of Funeral Home _____