

**•TWO RIVERS CREMATORY ALTOONA •**  
**AUTHORIZATION FOR CREMATION AND DISPOSITION**

I/We the undersigned ("Authorizing Agent(s)"), hereby authorize and request the Crematory/Funeral Home, in accordance with and subject to its rules and regulations, and any applicable state or local laws or regulations, to take possession of and make arrangements for the cremation of the human remains of:

\_\_\_\_\_ (the "decedent") and to arrange for final disposition of the cremated remains as set forth in this form.

I/We have either made arrangements with the Funeral Home to identify the human remains that were delivered to the funeral home as the decedent, or I have elected to waive the right to identify the human remains at the Funeral Home.

I/We have read the attached addendum to this document entitled "Cremation Policies, Procedures and Requirements," and hereby authorize the Crematory to perform the cremation of the decedent in accordance with that document.

**IDENTIFICATION**

Date of Death: \_\_\_\_\_ Time of Death: \_\_\_\_\_ a.m./p.m.

Place of Death: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Age: \_\_\_\_\_

**JEWELRY, PACEMAKERS, PROSTHESES, SILICONE AND RADIOACTIVE IMPLANTS**

- Do the decedent's remains have any article(s) of jewelry or other personal items to be removed by the funeral director? Yes\* [  ] No [  ]

\*If yes, items to be removed: \_\_\_\_\_

*Any jewelry items not requested to be removed will be recycled, and the proceeds donated to charity.*

- Mechanical, radioactive devices, or implants may create a hazardous condition when placed in the cremation chamber. All pacemakers and radioactive implants must be removed prior to the cremation procedure taking place. I understand that by signing this form, I am authorizing the Funeral Home to remove such devices. I also understand that if I fail to notify the Funeral Home about such devices, that I/We are responsible for any damage caused to the Crematory or personnel by such devices.

Do the decedent's remains contain any such devices? Yes\* [  ] No [  ]

\*If yes, items to be removed: \_\_\_\_\_

**TIME OF CREMATION**

The Crematory is authorized to perform the cremation upon receipt of the human remains, after all scheduled viewings have taken place, civic and medical authorities have issued all required permits, and 48 hours have passed from the time of death. The Crematory will schedule the cremation procedure at its discretion, and according to its own time schedule, as work permits, without obtaining any further authorization or instructions from the Authorizing Agent(s).

**FINAL DISPOSITION**

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

1. \_\_\_\_\_ Retain the cremated remains at the Crematory to be picked up within 30 days. **A valid photo ID will need to be presented at the time of pick up.**

Person(s) authorized to pick up cremated remains: \_\_\_\_\_

**All remains held at the facility longer than 30 days are subject to a holding fee as set forth on the General Price List of the Funeral Home.**

2. \_\_\_\_\_ Deliver cremated remains to the U.S. Postal Service for shipment. I understand that the Funeral Home is only acting as my agent for my accommodation only in carrying out these instructions. I understand that the Funeral Home assumes no responsibility after delivery to the Post Office, common carrier, or agent. Mail to: \_\_\_\_\_

3. \_\_\_\_\_ Deliver to (cemetery name): \_\_\_\_\_ for the purpose of interment.

**Type of Cremation Container Selected:** \_\_\_\_\_

**Type of Urn selected:** \_\_\_\_\_

**AUTHORITY OF AUTHORIZING AGENT(S)**

I/We hereby certify that the decedent left the following surviving heirs at law:

Spouse    Yes\* [ ]    No [ ]    \*Name \_\_\_\_\_  
Children    Yes\* [ ]    No [ ]    \*Name(s) \_\_\_\_\_  
Parents    Yes\* [ ]    No [ ]    \*Name(s) \_\_\_\_\_  
Siblings    Yes\* [ ]    No [ ]    \*Name(s) \_\_\_\_\_  
Other        Yes\* [ ]    No [ ]    \*Name(s) \_\_\_\_\_

Separate authorization(s), if necessary, shall be attached to, and be considered part of, this form.

**SIGNATURE OF AUTHORIZING AGENT(S)**

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

By executing this Cremation Authorization Form, as Authorizing Agent(s), I/We declare under penalty of perjury that the foregoing certifications, representations, and statements are true and correct, and that this statement is being made to induce the above named Funeral Home and Crematory to cremate (or caused to be cremated) the remains of the decedent named above.

I/We agree to hold harmless, indemnify and defend the Crematory and its representatives, directors, officers, agents, employees and shareholders, from all claims, liabilities or damages whatsoever (including reasonable attorney fees) that may result from this authorization including the failure to properly identify the remains, failure to take possession of, or make proper arrangements for the final disposition of the cremated remains, the processing of remains, shipping of remains, any explodable or harmful impact, infectious diseases, other persons claiming rights to control disposition of the remains, or any other cause. No warranties, express or implied are made and damages shall be limited to the amount of the cremation fee paid.

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 in stated capacity, 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 of Wisconsin, 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.

Signed this: \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\*Name: \_\_\_\_\_ Signature: **X** \_\_\_\_\_  
Relationship to decedent: \_\_\_\_\_ Phone number: (\_\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_

\*Name: \_\_\_\_\_ Signature: **X** \_\_\_\_\_  
Relationship to decedent: \_\_\_\_\_ Phone number: (\_\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_

\*Name: \_\_\_\_\_ Signature: **X** \_\_\_\_\_  
Relationship to decedent: \_\_\_\_\_ Phone number: (\_\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_

\*Name: \_\_\_\_\_ Signature: **X** \_\_\_\_\_  
Relationship to decedent: \_\_\_\_\_ Phone number: (\_\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_

\*Name: \_\_\_\_\_ Signature: **X** \_\_\_\_\_  
Relationship to decedent: \_\_\_\_\_ Phone number: (\_\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_

**Representations of Funeral Director:** I warrant, to the best of my knowledge, that I have reviewed this form with the Authorizing Agent(s), that no member of our Funeral Home has any knowledge or information that would lead us to believe that any of the answers provided by the Authorizing Agent(s) are incorrect, that the human remains delivered to the Crematory and represented as the human remains that we identified to our Funeral Home as the decedent, and that our Funeral Home obtained all the necessary permits authorizing the cremation.

Signature of Funeral Director: \_\_\_\_\_