

McLane Crematory Cremation Authorization

FUNERAL HOMES • CEMETERY • MONUMENTS • PREARRANGEMENTS • CREMATORY

I (We) the undersigned (the “**Authorizing Agent(s)**”), hereby authorize and request Carson McLane, Inc. DBA ‘McLane Crematory’, in accordance with and subject to its rules and regulations, and any applicable state/federal or local laws or regulations to cremate the human remains of _____ (the “decedent”) and to arrange for the final disposition of the cremated remains, as set forth on this form.

Initials of AA(s) _____, _____, _____, _____, _____, _____.

I (We) have identified the human remains that were delivered to the funeral home as the decedent, and have authorized the funeral home to deliver the decedent to McLane Crematory, for cremation.

Initials of AA(s) _____, _____, _____, _____, _____, _____.

I (We) have read the attached documents entitled “McLane Crematory Policies, Procedures and Requirements”, and hereby authorize McLane Crematory to perform the cremation of the decedent in accordance with that document.

Initials of AA(s) _____, _____, _____, _____, _____, _____.

Identification

Date of Death _____ Place of Death _____ Sex _____ Age _____

Date of Birth _____ Social Security Number _____

Did the decedent die of natural causes? Yes _____ No _____ Unknown _____

If no or unknown please explain _____

Was death caused by an infectious or contagious disease? Yes _____ No _____

If yes, please explain _____

Time of Cremation

McLane Crematory is authorized to perform the cremation upon receipt of the human remains, at its discretion, and according to its own time schedule, as work permits, without obtaining any further authorization or instructions.

Initials of AA(s) _____, _____, _____, _____, _____, _____.

Pacemakers, Prostheses and Radioactive Implants

The decedents remains **do not** contain a pacemaker, radioactive implant or any other prosthetic or foreign device. (If not able to initial this statement please skip to the next paragraph.)

Initials of AA(s) _____, _____, _____, _____, _____, _____.

The decedents remains **do** contain a pacemaker, radioactive implant or some other prosthetic or foreign device and I have notified and granted permission to the funeral home to remove and dispose of these devices properly because they are harmful to cremation personnel and equipment.

Description of devices _____

Initials of AA(s) _____, _____, _____, _____, _____, _____.

Initials of Embalmer who **has removed** these devices. _____

ALL PACEMAKERS AND RADIOACTIVE IMPLANTS MUST BE REMOVED PRIOR TO DELIVERING THE DECEDENT TO McLANE CREMATORY

Merchandise

Type of casket or container selected _____

Size and type of urn or container selected _____

Final Disposition

Cremation is Not final disposition. After the cremation has taken place, the cremated remains have been processed and the processed cremated remains placed in the designated receptacle, McLane Crematory will arrange for the disposition of the cremated remains as follows, and the Authorizing Agent(s) hereby authorizes McLane Crematory to release, deliver, transport, or ship the cremated remains as specified. Check one of the following.

___ 1. Deliver ___ or Release ___ cremated remains to the following designated person:

Name _____ Address _____

Relationship _____

Scheduled date of release and pick up _____ Signature _____

___ 2. Deliver the cremated remains to the U.S. Postal Service for shipment by Registered, Return Receipt mail to

_____ for permanent disposition.

(If option 2 is chosen, I/we agree to assume all liability that may arise for such shipment, and to indemnify and hold McLane Crematory harmless from any and all claims that may arise from such shipment.)

___ 3. Return the cremated remains to the arranging funeral home within 10 days.

___ 4. Other _____

(Arrangements that fall into the "Other" category must be considered and approved by McLane Crematory prior to cremation procedure. If cremains are not picked up within 60 days, McLane Crematory is authorized to dispose of the cremains. McLane Crematory assumes no responsibility for cremains after delivery to any agent or person.)

Initials of AA(s) _____, _____, _____, _____, _____, _____.

Authority of Authorizing Agent

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

Spouse Yes _____ No _____

Name _____

Children Yes _____ No _____ How Many? _____

Name(s) _____

Parents Yes _____ No _____ How Many? _____

Name(s) _____

Siblings Yes _____ No _____ How Many? _____

Name(s) _____

If all are no, the person(s) in the next degree of kinship to the decedent is (are): _____

If the legal next of kin or if all persons of the same degree of kinship are not signing below, a written explanation must be completed by the person(s) signing below as Authorizing Agent(s). Separate authorization(s), if necessary, shall be attached to, and considered part of, this form.

Therefore, 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 (served) in the capacity of _____ to the decedent, 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/province of _____, 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 objections to this cremation by any spouse, child, parent or sibling specified.

Limitation of Liability

As the Authorizing Agent(s), I (we) hereby agree to indemnify, defend, and hold harmless McLane Crematory, its officers, agents and employees, of and from any and all claims, demands, causes or 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 transmitted to McLane Crematory, 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, any damage due to harmful or explodable implants, claims brought by any other person(s) claiming the right to control the disposition of the decedent or the decedent's cremated remains, or any other action performed by McLane Crematory, its officers agents, or employees, pursuant to this authorization, excepting only acts of willful negligence.

Initials of AA(s) _____, _____, _____, _____, _____, _____.

Signature of Authorizing Agent(s)

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

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 McLane Crematory to cremate the human remains of the decedent, and that the undersigned have read and understand the provisions contained on this form.

Executed at _____ this _____ day of _____, _____.

Name _____ **Signature** _____

Relationship to Decedent _____ Phone # _____

Address _____

Name _____ **Signature** _____

Relationship to Decedent _____ Phone # _____

Address _____

Name _____ **Signature** _____

Relationship to Decedent _____ Phone # _____

Address _____

Name _____ **Signature** _____

Relationship to Decedent _____ Phone # _____

Address _____

Name _____ **Signature** _____

Relationship to Decedent _____ Phone # _____

Address _____

Name _____ **Signature** _____

Relationship to Decedent _____ Phone # _____

Address _____

Signature of Funeral Director as Witness for Signature(s) of Authorizing Agent(s)

Name and Address of Funeral Home

Representations of Funeral Director

By executing this authorization form as a licensed funeral director and agent/employee of the funeral home indicated above, I warrant to the best of my knowledge the following:

1. That our funeral home was responsible for making arrangements with the Authorizing Agent(s) for the cremation of the decedent and that I have reviewed this authorization form with the Authorizing Agent(s).
2. That no member of our funeral home has any knowledge or information that would lead us to believe that any of the answers provided on this form, by the Authorizing Agent(s), are incorrect.
3. That the human remains delivered to McLane Crematory and represented as the human remains specified on this form are in fact the human remains that were identified to our funeral home as the decedent.
4. That our funeral home obtained all necessary permits authorizing the cremation of the decedent, and that those permits are attached.
5. That the representations contained above concerning the decedent's cause of death and regarding any infectious or contagious diseases are true.
6. That the representations contained above concerning a pacemaker and any other material or implant that may be potentially hazardous are true.
7. That all personal effects of the decedent that should not be cremated with the body have been removed.

Licensed Funeral Director

McLane Crematory & Carson McLane Funeral Home
2215 N. Patterson Street
Valdosta, GA 31602
Mailing Address
P.O. Box 5203
Valdosta, GA 31603-5203
229-242-5544