## Authorization to Cremate Remains and Release of Liability

Notice: This is a legal document containing provisions concerning cremation which is an irreversible process. It should be read thoroughly and carefully before signing. You should consult an attorney if there is anything in this document which you do not fully understand.

the	We, the undersigned, certify, warrant and represent that I/we have the full legal right and authority to, and permission from any and all other relatives, guardians on a servators to authorize the cremation, processing and disposition of the remains of
au	thorize Serenity Funerals & Crematory (hereinafter referred to as the "Funeral Home") to take possession of and
tha	ske arrangement for the cremation of the remains of the deceased at
	2 of delivery to.
	* The undersigned hereby authorizes the delivery of cremated remains to the undersigned of designee via registered mail and agrees to assume all liability for
	any damages that may arise from any cause growing out of said delivery and to personally indemnify and hold the Crematory and the Funeral Home free and
	harmless from any and all claims or damages personally related to said shipment including attorney fees and cost incurred by crematory and/or funeral home.
1.	The Crematory is authorized to remove and dispose of any handles, ornaments, and any other non-combustible items attached to the cremation container or the
	deceased prior to cremation. In the event the remains of the deceased are received by the Crematory in a casket or other container, if necessary, I/We authorize the
	remains of the deceased to be removed prior to cremation, I/We further authorized the Funeral Home or Crematory to make disposition of any such container in a lawful
	manner it deems appropriate.
2.	Mechanical or radioactive devices implanted in the remains of the deceased (such as pacemakers, etc.) may create a hazard when placed into a cremation chamber.
	The Crematory will not cremate any remains which contain any type of implanted device of which it is aware. In the event the remains do contain such a device, I/We
	hereby authorize the removal and appropriate disposal of these items. I/We hereby certify that the remains of the deceased D DO NOT contain any type of
	implanted mechanical or radioactive device. (check one)
	The remains contain the following mechanical or radioactive device:
3.	The deceased will be placed into the cremation chamber and will be totally and irreversibly destroyed by prolonged exposure to intense heat and direct flame. I/We
	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.
4.	Certain items, including, but not limited to, body prostheses, dentures, dental bridgework, dental fillings, jewelry and other personal articles accompanying the remains
	of the deceased, may be destroyed during the cremation process. Those items still remaining with the deceased that I wish to be removed prior to cremation are as
	follows:
	I/We further authorize that if any items, other than the cremated remains of the deceased are recovered from the chamber, they may be separated from the cremated
	remains of the deceased and disposed of by the Crematory. NOTE: All jewelry should be removed from the deceased prior to completing this form.
5.	Following the cremation the remains of the deceased, consisting mainly of bone fragments, will be mechanically pulverized to an unidentifiable consistency prior to
	placement in an urn or other container. In the event the urn or container is insufficient to accommodate all of the remains of the deceased, any excess cremated remains
	will be placed in a secondary container and returned to the Funeral Home or other location designated above, together with the primary urn or container.
6.	I/We understand and acknowledge, that even with the exercise of reasonable care and the use of the Crematory's best efforts, it is not possible to recover all 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.
7.	In the event the cremated remains of the deceased remain unclaimed for a period of 6 months, the Funeral Home or the Crematory shall then have the authority to make
	the lawful disposition of their choice and shall be held harmless for any action in connection with such disposition.
8.	I/we agree to indemnify, release and hold the Crematory, Funeral Home, their affiliates, agents, employees and assigns, harmless from any and all loss, damages
	liability or causes of action (including attorneys' fees and expenses of litigation) in connection with the cremation and disposition of the cremated remains of the
	deceased, as authorized herein, or my/our failure to correctly identify the remains of the deceased, disclose the presence of any implanted mechanical or radioactive
	devices or any other item of personal property, or take possession of or make permanent arrangements for the disposition of such remains.
9.	Except as set forth in this authorization, no warranties, expressed or implied, are made by the Funeral Home, Crematory or any of their respective affiliates, agents or
	employees.
10.	I/We understand that this document does not contain a complete and detailed description of every aspect of the cremation process.
	Signature of persons authorizing the cremation of the deceased
I/W	e warrant that all representations and statements made herein are true and correct, and that I/We have read and understand the provisions contained in this
dod	nument.
Sig	nature:
Ado	(Print Name) (Relationship)
O:-	(Street) (City) (State) (Zip) (Phone)
Sig	nature:
Ado	(Print Name) (Relationship)
, ,,,,	
Wit	(Street) (City) (State) (Zip) (Phone)  Date:
	Date.
Prin	Name, Address and Phone Number of Funeral Home
	Receipt of Cremated Remains
Cre	mated Remains Received by:
	(Signature) (Date)