

AYRES FAMILY CREMATION

AUTHORIZATION FOR CREMATION AND DISPOSITION

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

**For more information on funeral, cemetery and cremation matters, contact:
Department of Consumer Affairs/Funeral and Cemetery Bureau, 1625 North Market Blvd.,
Suite S-208, Sacramento, CA 95834 • Telephone 916-574-7870 / 800-952-5210**

I/We, the undersigned, certify, warrant, and represent that I/We have the full legal right and authority to authorize the cremation, processing, and disposition of the remains of _____

[hereinafter referred to as the "Deceased"] address _____

I/We hereby request and authorize, **Ayres Family Cremation** [hereinafter referred to as the "Funeral Home"] to take possession and cremate the remains of the Deceased at **Ayres Family Cremation, Crematory** located at 2620 Jacobs Ave. Eureka, CA.

I/We hereby authorize **Ayres Family Cremation** to arrange for the disposition of the cremated remains of the Deceased as follows:

- Is special handling required? Yes No Describe _____
- Description of urn or container selected: _____ Suitable for shipping? Yes No
- Deliver to _____ Cemetery
- Release to family? Name of designated family member to receive cremated remains. They will NOT be released to anyone else.

- Scatter-at-sea by Funeral Home or Funeral Homes agent.
- Ship via parcel post to:
Name _____ Address _____
- Other _____

The cremation, processing, and disposition of the remains of the Deceased authorized herein shall be performed in accordance with all governing laws, the rules, regulations, and policies of the Crematory, and the following terms and conditions:

1. The remains of the deceased will not be accepted for cremation unless they are in a closed, combustible, leak resistant container. The crematory is authorized to remove and dispose of handles, ornaments, and any other noncombustible items attached to the cremation contained prior to cremation.
2. Mechanical or radioactive devices implanted in the remains of the Deceased (such as pacemakers, etc.) may cause 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 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 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.

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.

3. I/We understand that 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, will be destroyed during the cremation process. If any items other than the cremated remains of the Deceased are recovered from the cremation chamber, I/We authorize the Crematory to separate any such items from the cremated remains and to have them disposed of at the discretion of the crematory. I/We further authorize the scattering-at-sea or recycling at our discretion of such items in a non-recoverable manner, commingled with other such items.

Please Initial _____

4. In the event that 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 along with the primary urn or container.

5. I/We understand that "The human body burns with the casket, container, or other material in the cremation chamber. Some bone fragments are not combustible at the incineration temperature and, as a result, remain in the cremation chamber. During the cremation the contents of the chamber may be moved to facilitate incineration. The chamber is composed of ceramic or other material which disintegrates slightly during each cremation, and the product of that disintegration is commingled with the cremated remains. Nearly all the contents of the cremation chamber, consisting of the cremated remains, disintegrated chamber material, and small amounts of residue from previous cremations are moved together and crushed, pulverized, or ground to facilitate inurnment or scattering. Some residue remains in the cracks and uneven places of the chamber. Periodically, the accumulation of this residue is removed and interred in a dedicated cemetery property or scattered at sea."

6. Unless I/We give specific written instructions in the Authorization, the cremation, processing, and disposition of the remains of the Deceased will not be performed in accordance with any particular religious or ethnic customs.

7. 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/us by certified mail at the address(es) below. I/We agree that in the event the cremated remains of the Deceased remain unclaimed, for a period of 90 days after the date of 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.

8. I/We agree to indemnify and hold Ayres Family Cremation, their affiliates, agents, employees, and assigns, harmless from any and all loss, damages, liability, or cause 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/our 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.

9. Except as set forth in this Authorization, no warranties, express or implied, are made by Ayres Family Cremation, or their respective affiliates, agents, or employees.

10. I/We desire to identify the remains before cremation: **Yes** _____ **No** _____

11. I/We desire to witness the cremation process: **Yes** _____ **No** _____

SIGNATURE OF PERSON(S) AUTHORIZING CREMATION AND DISPOSITION

I/We warrant all the representations and statements made herein are true and correct.

Signature _____ Relationship _____

Address _____ Phone No. _____

Signature _____ Relationship _____

Address _____ Phone No. _____

Signature _____ Relationship _____

Address _____ Phone. No. _____

Witness _____ Date _____

Ayres Family Cremation, 2620 Jacobs Ave. • Eureka, CA 95501 • Phone 707-269-7160 Fax 707-269-7165