

CREMATION AUTHORIZATION

Date: _____

I hereby authorize the: Warchol Funeral Home, Inc.
(Funeral Home)

to cremate the remains of: _____
(Name) (Age)

who died at: _____ on the _____ day of _____
(Month) (Year)

My relationship to the deceased: _____

Instructions for disposition of cremains: _____

I hereby certify that I have the right to make this authorization. I agree to indemnify and hold harmless the Funeral Home and the Crematory from any liability, claims or expenses as a result of this authorization. I further certify that the remains contain no pacemaker or other implants that could be explosive and I agree to be liable for any damage or injury due to the failure to instruct the removal of these items. I further understand that due to the nature of the cremation process, any materials, such as dental gold, will be destroyed and non recoverable. In addition, I understand that any personal effects, if not removed, will be destroyed and may be disposed of by the Crematory.

Signed: _____

Address: _____

Signed: _____

Address: _____

Witness: _____
Funeral Home: _____
Address: _____

TO BE COMPLETED BY THE CREMATORY

Number: _____

Funeral Home: _____

Deceased Name: _____

Delivered By: _____

Received On: _____

(Date)

(Time)

Cremation Completed: _____

(Date)

(Time)

Disposition of Cremains: _____

(Date)

(Time)

As Follows: _____

Signed: _____