



AUTHORIZATION FOR REMOVAL and CREMATION and DISPOSITION

NOTICE: This Authorization Form must be completed and signed prior to the cremation. Please read it carefully and ask us any questions you may have. Cremation is an irreversible and final process. It is important that you understand the cremation process that is described in Section 7 of this Authorization Form prior to signing it. We want you to fully understand the information provided in this Authorization Form, so we will be pleased to answer any questions about the cremation process or the other information in this Form. THIS AUTHORIZATION IS NOT A CONTRACT FOR CREMATION SERVICES BUT DOES HAVE BINDING STATEMENTS. A SEPARATE CONTRACT OR FORMS WILL BE REQUIRED TO SIGNED AND COMPLETED PRIOR TO SERVICES RENDERED.

(Print all information except signatures.)

1. IDENTIFICATION OF THE DECEDENT

Name of Decedent: _____ **Date of Death:** _____

Place of Death: _____ **Sex:** M _____ F _____ **Age:** _____ **DOB:** _____ **S.S.:** _____

BECAUSE CREMATION IS IRREVERSIBLE, IDENTIFICATION OF THE DECEDENT IS AUTHORIZED BY THE FOLLOWING METHODS:

_____ (Initials) The Authorizing Agent has authorized the Funeral Home and Crematory to rely upon the representations being made solely on the Identification of the Decedents body, from any and all paperwork, family member(s) or Authorities or their representatives, as released to the Funeral Home by any place where custody of the Decedent was removed from, including but not limited to, Residences, Hospitals, Institutions, Care Facilities, Organ/Tissue Donation Centers, Medical Examiner or ANY releasing parties as identified and releasing to the Funeral Home as the body of the Decedent and hold harmless Funeral Home and Crematory to the fullest extent per section 9. (see 9. CERTIFICATION AND INDEMNIFICATION on the reverse side of this document.) The Authorizing Agent has authorized the Funeral Home which may photograph or fingerprint the remains but is not a requirement for reliance of positive identification.

2. FUNERAL HOME AND CREMATORY

The Authorizing Agent authorizes the Funeral Home and Crematory or any Agent(s) thereof or set forth below to carry out the directions and instructions of the Authorizing Agent contained in this Authorization.

Name of Funeral Home: Archway Memorial Chapel **Address:** 111 Taylor Rd. Hazelwood, Missouri 63042 314.895.3900
 Crematory: PHOENIX CREMATION SERVICES LLC **Address:** 161 Taylor Rd Hazelwood MO 63042 or Authorized Agent

3. IDENTIFICATION OF AUTHORIZING AGENT

Name of Authorizing Agent: _____ **Address:** _____

Telephone No.: () _____ **Relationship:** _____

Authorizing Agent Signature

4. AUTHORITY OF AUTHORIZING AGENT

As Authorizing Agent, I represent that I have the right to authorize the cremation of the Decedent's remains, the Authorizing Representative (Agent) shall be liable for the cost of such services rendered for disposition and shall reimburse the Funeral Home immediately upon completion of a Statement of Goods and Services or receipt of an invoice for services rendered and do hereby accept the financial responsibility unless or until other persons accepts and agrees in writing to accept such responsibility and I am initialing one of the following statements accordingly:

(Initials) I certify that I **do not** have actual knowledge of any living person who has a superior right to act as the Authorizing Agent.

OR

(Initials) There is another living person(s) listed below who has a superior or equal right to act as Authorizing Agent. That person(s) has provided me written permission to serve as Authorizing Agent.

OR

(Initials) There is another living person(s) listed below who has a superior or equal right to act as Authorizing Agent. I have made all reasonable efforts to contact such person(s), but have been unable to do so. I have no reason to believe that such person(s) would object to the cremation of the Decedent's remains.

OR

(Initials) There is another living person(s) listed below who has a superior or equal right to act as Authorizing Agent. That person(s) has confirmed to me that such person(s) refuses to make arrangements for the disposition and does not want any involvement with the disposition of Decedent's remains.

Name(s) and Relationship of Other Person(s): _____

5. PACEMAKERS, IMPLANTS, AND PROSTHESES

The remains of the Decedent do not contain any of the Devices described Pacemakers, radioactive implants, other implanted battery-powered devices, or certain prostheses may create a hazardous condition when placed in the cremation chamber and subjected to heat. Silicone implants may also damage crematory equipment and adversely impact the recovery and processing of cremated remains. Examples of these devices include, but are not limited to the following:

- Pacemakers • Implantable Cardioverter Defibrillators (ICDs) • Cardiac Resynchronization Therapy Devices (CRTDs) • Implantable Drug Pumps
- Neurostimulators (including for pain and functional electrical stimulation) • Bone Growth Stimulators • Hydrocephalus Programmable Shunts • Fixion Nails
- Dental Mercury Amalgam • Silicone Implants • Radioactive Seeds (Brachytherapy) • Any other battery powered or otherwise implant(s)

As Authorizing Agent, I acknowledge that Funeral Home has no duty to inspect for the presence of these devices have listed all devices which may have been implanted in or attached to the Decedent. I/we acknowledge that I/we will be liable for any injury to crematory personnel or damage to the cremation equipment due to failure to notify Funeral Home about such devices. If radioactive implants have been used in the procedure known as seed brachytherapy within one year of the time of death, cremation may not be performed.

_____ (Initials) The remains of the deceased **DO / DO NOT** contain implanted mechanical or radioactive devices.

_____ (Initials) **(circle which applies)** List and Describe any devices _____; add or circle and initial next to any devices that are contained in the examples described above in item #5. As Authorizing Agent, I instruct the funeral home and crematory to remove each Device (except for a radioactive device) listed above and to charge for its services in making or arranging for such removal. Unless indicated directly below, the Funeral Home is to dispose of all such Devices and Personal Effects.

***Did the deceased have any communicable disease** Yes _____ (Initials) NO _____ (Initials) Unknown as of date _____ (Initials)

6. CASKET OR ALTERNATIVE CONTAINER

The remains are to be cremated in a combustible casket or alternative container that is capable of being completely closed, is resistant to leakage or spillage, is sufficiently rigid to be handled easily, and provides protection for the health and safety of Crematory and Funeral Home personnel. The Crematory is authorized to inspect

the casket or alternative container, including opening it if necessary. In the event that the casket or container does not meet the above requirements, the Crematory will notify the Authorizing Agent. Many caskets that are comprised primarily of combustible material also contain some exterior parts (decorative handles or rails) that are not combustible and that may cause damage to the cremation equipment. As Authorizing Agent, I authorize the Crematory, in its discretion, to remove and discard the non-combustible materials. I understand that some crematories will not accept metal or fiberglass caskets. I further understand that the casket or alternative container will be consumed as part of the cremation process.

7. THE CREMATION PROCESS

The cremation of the Decedent's remains may take place before or after ceremonies to memorialize the Decedent. Cremation is performed to prepare the remains of the Decedent for final disposition. It is carried out by placing the Decedent's remains in the casket or alternative container, which is then placed into a cremation chamber or retort where they are subjected to intense heat and flame. All cremations are performed individually. During the cremation process, it may be necessary to open the cremation chamber and reposition the remains of the Decedent in order to facilitate a complete and thorough cremation. Through the use of suitable fuel, the incineration of the container and its contents is accomplished and all substances are consumed or driven off, except bone fragments (calcium compounds) and metal (including dental gold and silver and other non-human materials) as the temperature is not sufficient to consume them.

Due to the nature of the cremation process, any personal possessions or valuable materials, such as dental gold or jewelry (as well as any body prostheses or dental bridgework) that are left with the remains and not removed from the casket or container prior to cremation may be destroyed or if not destroyed, will be disposed of by the Crematory. The Authorizing Agent understands that arrangements must be made with the Funeral Home to remove any such possessions or valuables prior to the time that the remains of the Decedent are transported to the Crematory.

Following a cooling period, the cremated remains, which will normally weigh several pounds in the case of an average-size adult, are then swept or raked from the cremation chamber. Although the Crematory will take reasonable efforts to remove all of the cremated remains from the cremation chamber, it is impossible to remove all of them, as some dust and other residue from the process will be left behind. In addition, while every effort will be made to avoid commingling, inadvertent and incidental commingling of minute particles of cremated remains from the residues of previous cremations is a possibility, and the Authorizing Agent understands and accepts this fact.

After the cremated remains are removed from the cremation chamber, all non-combustible material (insofar as possible) such as dental bridge-work and hinges, latches, and nails from the container will be separated and removed from the human bone fragments by visible or magnetic selection. The Crematory is authorized to dispose of these materials with similar materials from other cremations in a non-recoverable manner, so that only human bone fragments will remain.

When the cremated remains are removed from the cremation chamber, the skeletal remains often will contain recognizable bone fragments. Unless otherwise specified, after the bone fragments have been separated from the other material, they will be mechanically pulverized. The process of crushing or grinding may cause incidental commingling of the remains with the residue from the processing of previously cremated remains. These granulated particles of unidentifiable dimensions, which are virtually unrecognizable as human remains, will then be placed into a purchased urn from the funeral home or a standard temporary container provided by Crematory.

All personal property and effects delivered with the remains of the Decedent to the Crematory, including jewelry, clothes, hair pieces, dental bridgework, eyeglasses, and shoes, will be destroyed in the cremation process or otherwise discarded by the Crematory, in its sole discretion.

8. FINAL DISPOSITION

Following the cremation, the Authorizing Agent directs the Crematory and/or Funeral Home to undertake the actions set forth on the reverse side to arrange the final disposition of the cremated remains of the Decedent. If the cremated remains are shipped at any time, the Authorizing Agent directs that the Crematory or Funeral Home utilize Priority Express Service with a return receipt through the U.S. Postal Service. In selecting shipment by the U.S. Postal Service, the Authorizing Agent acknowledges and assumes the risk that the cremated remains may be lost or damaged during shipment and releases the Funeral Home and the Crematory from any liability for any such delivery or shipment.

The Authorizing Agent understands that if no arrangements for the final disposition, release or shipment of the cremated remains are made in this Authorization, the Crematory and/or the Funeral Home shall hold the cremated remains for Thirty (30) days after cremation. If during that Thirty (30) day period the cremated remains are not retrieved by the person designated above to receive them or by the Authorizing Agent, or if arrangements for their final disposition are not made, then the Crematory or Funeral Home may return the cremated remains to the Authorizing Agent at the address listed in Section #3. In the alternative, if no arrangements for the final disposition of the cremated remains have been made within Thirty (30) days after the cremation and if the Authorizing Agent has not taken delivery of or caused the delivery of the cremated remains, or in the event the arrangements of the final disposition have not been carried out within the Thirty (30) day period because of the inaction of a party other than the Crematory or Funeral Home, then the Crematory or Funeral Home may dispose or reach out to other family members of the cremated remains or dispose of the cremated remains in any lawful manner permitted under state law for abandoned cremated remains. The Authorizing Agent shall be liable for the cost of such final disposition or disposal and shall reimburse the Crematory or Funeral Home immediately upon receipt of an invoice.

_____ The Funeral Home or, in the event the cremated remains are not returned to the Funeral Home, the Crematory shall deliver the cremated remains of the Decedent after 30 days of this form being signed for disposition as follows:
(Initials)

Name _____ Relationship: _____ Address: _____

The cremated remains are to be divided into _____ number of shares which shall be placed into the urns or other containers provided or selected by the Authorizing Agent. Deliver or release one share to each of the following individuals:

Name: _____ Relationship: _____
Name: _____ Relationship: _____
Name: _____ Relationship: _____
Name: _____ Relationship: _____

Mail the cremated remains using Priority Express Service through the U.S. Postal Services to:

Name: _____ Address: _____

Other: _____

_____ The Funeral Home or Crematory shall not be held liable if the authorizing party does not claim or accept delivery after 30 days of (Initials) the cremation or after a written attempt to the address given for delivery or retrieval of the cremated remains listed on this form.

*A completed death certificate or an Authorization for Cremation per 19 CSR 30-10-1000 has been signed or filed on: ____/____/____

Signed X _____ - Funeral Director

9. CERTIFICATION AND INDEMNIFICATION

The Authorizing Agent acknowledges that the Funeral Home and Crematory are relying upon the representations being made by the Authorizing Agent in this authorization. The Authorizing Agent certifies that all of the information and statements contained in the Authorization are accurate and no omissions of any material fact have been made. The Authorizing Agent agrees to indemnify and hold harmless the Funeral Home and the Crematory, their officers, directors, employees and agents from any and all claims, demands, actions, causes of action or suits of any kind or nature whatsoever, including, but not limited to, any legal fees arising out of or resulting from the Funeral Home's and the Crematory's reliance on or performance consistent with the directions, statements, representatives and agreements contained in the Authorization.

Signature of Authorizing Agent :X _____ Date: _____

Witness:X _____ Date: _____

CREMATED REMAINS OF DECEASED RECEIVED BY: X _____ Date: _____