

ADVENT FUNERAL & CREMATION SERVICES

Authorization for Cremation and Disposition for

who died at _____

on the _____ day of _____, 20____.

The undersigned "Authorizing Agent" hereby authorize(s) and request(s) Advent Funeral and Cremation Services, in accordance with and subject to its rules and regulations, and any applicable state or local laws or regulations, to cremate the remains of the above named deceased and arrange for the final disposition of the cremated remains as set forth below.

I (We), the undersigned, hereby certify that I (we) am /are the closest next of kin to the decedent and that I am related to the decedent as his or her _____ or that I otherwise serve in the capacity of _____ for the decedent, that I have charge of the decedent as such possess full legal authority and power 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 objection to this cremation by any spouse, child, parent, sibling, or other individual with legal interest.

The remains of the deceased will not be accepted by the funeral home or the crematory without proper identification. The crematory requires the above named deceased to be received in a combustible cremation container. Remains received in a noncombustible container will be removed prior to cremation and the container destroyed in a manner set forth by the crematory and will incur a charge for disposal. The authorizing agent(s) hereby direct Advent Funeral & Cremation Services to use/supply the following type of cremation container for the above named deceased:

The undersigned understands that due to the nature of the cremation process, certain materials, including body prostheses, dental bridgework, dental fillings, or personal articles accompanying the remains will either be destroyed or will not be recoverable. The undersigned certifies that all personal effects, including but not limited to jewelry, precious metals, and other items of a personal nature have been removed prior to the delivery of the remains to the crematory and acknowledge that the funeral home and/or crematory shall not be held responsible for any personal effects received, although every attempt is made to account for and identify personal effects. Remains and personal effects are cremated in the manner in which they are received.

Cremated remains consist primarily of bone fragments that are reduced to permit their placement in an urn or other suitable container. The undersigned understand(s) that even with the exercise of reasonable care and the use of its best efforts, the crematory may not be able to recover all the particles of the cremated remains of the deceased and that some particles may inadvertently become commingled with particles of other cremated remains. The undersigned expressly authorize(s) the incidental or inadvertent commingling of particles of cremated remains either in the cremation chamber or the device used to reduce the cremated remains. The crematory will make all reasonable efforts to remove all metallic objects from the cremated remains; but even with reasonable care, some metallic particles may not be removed.

We hereby certify that the remains of the deceased contain the following implanted and/or radioactive devices and expressly authorize Advent, its agents or assigns or the crematory to remove these devices prior to cremation and dispose of in a manner as set forth by Advent or the crematory unless otherwise stated here:

The obligation of the crematory shall be limited to the cremation of the deceased and the disposition of the cremated remains. As Authorizing Agent, I/We hereby agree to indemnify, defend, and hold harmless Advent Funeral and Cremation Services and the crematory, their officers, agents, and employees, of and from any and all claims, demands, 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 failure to properly identify the decedent, the processing, shipping, and final disposition of the decedent's cremated remains, the failure to take possession or make proper arrangements for the final disposition of the cremated remains, any 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 action performed by Advent Funeral & Cremation Services and the crematory, their officers, agents, or employees, pursuant to this authorization, excepting only acts of willful negligence.

I/We, as the Authorizing Agent(s), hereby direct Advent Funeral and Cremation Services to commence with the cremation process of the above named deceased as soon as practicable after all legal requirements for the cremation have been fulfilled and executed OR as hereby indicated:

Authorization for Release/Disposition of Cremated Remains

I/We hereby authorize Advent to arrange for the release/disposition of the cremated remains of the deceased as follows:

- _____ Place in urn. Description of urn selected: _____
- _____ Release to: _____
- _____ Deliver to: _____
- _____ Scatter by funeral home or funeral home's agent.
- _____ Other: _____

Advent Funeral and Cremation Services is not responsible for any loss or damage of/to the cremated remains or urn/container shipped via any third party carrier (such as US Mail, air cargo, etc.)

Cremated remains will be held for 30 days. After 30 days, I/We agree to a storage charge of \$10 per month. If the cremated remains are left in the possession of Advent Funeral & Cremation Services for more than 365 days (one year) from the date of death, I hereby authorize Advent to dispose of the cremated remains and urn/container (whether supplied by Advent or by the undersigned or others) in a manner and location set forth by Advent Funeral & Cremation Services.

Signature of Authorizing Agent:

Note: This is a legal document. It contains important provisions concerning cremation. By executing this cremation authorization as Authorizing Agent(s), the undersigned warrant(s) that all representations and statements contained on and in this authorization are true and correct, that these statements were made to induce Advent Funeral and Cremation Services and the crematory to cremate the human remains of the decedent, that the undersigned has (have) all legal rights to make this authorization under current laws of the state in which the authorization was executed, and that the undersigned has (have) read and understand the provisions on this form.

THIS FORM MAY NOT BE SIGNED IN ADVANCE.

Legal Signature

Legal Signature

Printed Name

Printed Name

Address: _____

Address: _____

Phone: _____

Phone: _____

Relationship: _____

Relationship: _____

Legal Signature

Subscribed and sworn before me, a Notary Public.

Printed Name

Signature of Notary

Address: _____

Printed Name of Notary

Phone: _____

Comm Exp: _____

Relationship: _____

Seal: _____

AFCS: FC ANN

Witness: _____