

A Bay Area Crematory Inc.

www.abayareacrematory.com

2449 Station Drive, Stockton, CA 95215 (209) 938-0673 FAX (209) 205-9143

Cremation Authorization Page 1 of 2

I, the undersigned, do hereby request and authorize A Bay Area Crematory Inc. or it's agents (hereafter referred to as the Crematory), in accordance with and subject to its rules and regulations, to cremate or cause to cremate the remains said to be:

DEC. _____ Address: _____

“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. 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 of the contents of the cremation chamber, consisting of the cremated remains, disintegrated chamber material, and small amounts of residue from previous cremations, are removed together and crushed, pulverized, or ground to facilitate inurnment or scattering. (Section 7054.1 Calif. Health and Safety Code) 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.”

I certify that I am the next of kin or person authorized pursuant to Section 7100, Health and Safety Code, State of California, or I am a relative acting as the duly appointed agent for the next of kin, and it is my legal right and duty to control the disposition of the said remains of the above named deceased initial

INITIAL HERE

When cremating, the crematory will exercise reasonable efforts in keeping cremated remains separate. However, because it is impossible to guarantee or warrant that some bone particles or residue of one cremation could not possibly be mixed with those of another cremation, inadvertent or incidental commingling of cremated remains can occur. I specifically acknowledge the cremation process described and give express permission for the cremation to take place including incidental or inadvertent commingling of the remains with the residue of prior cremations and cremations taking place in the future (Section 7054.7 Calif. Health and Safety Code). initial

INITIAL HERE

The undersigned hereby acknowledges and understands that due to the nature of the cremation process, any valuable material, including but not limited to any jewelry or tooth fillings, will be either destroyed or not be recoverable and that any metal used in the construction of the casket or cremation container or from any type of prosthesis will be discarded, However, portions of such material can also be inadvertently commingled with the cremated remains. And the undersigned further certifies **that any items that are desired to be saved and not cremated, will be removed and secured by the undersigned prior to the cremation taking place.** initial

INITIAL HERE

If the cremated remains container cannot accommodate all cremated remains of the deceased, the crematory shall provide a larger cremated remains container at no additional cost, or place the excess in a second container that cannot easily come apart from the first, pursuant to Section 8345 of the Health and Safety Code. initial

INITIAL HERE

The undersigned further understands and agrees that if no arrangements for the final disposition, release or transfer of the cremated remains in part or in whole is specified on this form, and if the Crematory is not subsequently provided with instructions concerning the final disposition, release or transfer of the cremated remains within **thirty days** of the date the cremated remains are available, the crematory shall be authorized to arrange for final disposition in any manner as authorized by law or by scattering at sea at a reasonable cost for which the undersigned will insure prompt payment, and **in the event the crematory disposes of the cremated remains it is hereby understood and agreed that they will be non-recoverable.** initial

INITIAL HERE

The Crematory is further authorized to act as the agent for the undersigned for any and all instruments in connection with said authorizations, delivery or shipment. The undersigned understands that the services of the crematory will have been fully completed when the cremated remains are delivered or released to the Postal Service, Common Carrier, Person or Entity for transportation or final disposition, including but not limited to scattering, that further handling is the responsibility of the Postal Service, Common Carrier, Person or Entity. The Crematory is only acting as an agent for accommodation in carrying out these instructions and will be held harmless in the discharge of such accommodations. initial

INITIAL HERE

If the deceased has received any therapeutic radionuclide's, radiation implants, heart pacemaker implants or any other life sustaining device that could be radioactive or explosive, it is specifically indicated below. If such devices do exist, the funeral director or others are instructed to remove by surgical procedure and properly dispose of it before cremation. In the event the undersigned fails to notify the funeral director or any others responsible for the removal of such devices, either radioactive or explosive, or any additional precautionary procedures that may be indicated, the undersigned will be liable for all disposal charges and costs of such material and any damage to the crematorium or injury to personnel.

The deceased does does not have a pacemaker or radioactive implants.

initial

list: _____

INITIAL HERE

License # CR 273

I.D. # _____

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Cremation Authorization Page 2 of 2

DEC. _____ Address: _____

The undersigned declares under penalty of perjury that all statements made on this form are true and correct and are made to induce the crematory to cremate or cause to cremate the said remains of the above named deceased. This is an ultimate and irreversible authority to make disposition of the remains as indicated and the undersigned shall assume full responsibility for the identity whether or not an election to view the remains has been made.

INITIAL HERE
[initial]

The following covenants are hereby expressly indicated and acknowledged by the undersigned:
• Identification/Viewing (I.D. VIEW): Viewing of the deceased prior to cremation may be requested via your funeral director. Viewing of the deceased may take place at the crematory when it is arranged.
• **Identification/Viewing of the remains prior to the cremation will will not take place.** If viewing of the deceased will take place, indicate Date/Time _____ and location _____

INITIAL HERE
[initial]

Estimate of Deceased **Height** _____ **Weight** _____
A deceased may be considered "oversize" and additional charges may be applied if any special handling is necessary: as in a larger casket/alternative container, when additional personnel or special equipment is needed to accomplish cremation

INITIAL HERE
[initial]

Release Instructions:
I hereby specifically authorize the release the cremated remains for final disposition to: **Print Names**

Name of authorized individual Phone Number _____

Name of authorized individual Phone Number _____

INITIAL HERE
[initial]

PRIORITY CREMATION (may incur additional charge): Cremated remains needed by or within (circle) **12Hrs /24 Hrs** (Date/Time): The undersigned hereby agrees to hold harmless and indemnify A Bay Area Crematory Inc., its officers and employees from any and all liability, costs, expenses, or claims resulting from this request.

- **Casket or alternative container** that the deceased will be cremated in (type/description)

- **Urn(s)** that cremated remains are to be placed in by crematory (quantity and description)

- **SPECIAL INSTRUCTIONS:**

The undersigned hereby agrees to hold harmless and indemnify A Bay Area Crematory Inc., its officers and employees from any and all liability, costs, expenses, or claims resulting from this authorization.
Number of authorizing signatures required _____

Executed at _____ day of _____ Year 2016

SIGN HERE

X _____ **Print Name** _____ **Relationship** _____

Address _____ **Phone** _____

SIGN HERE

X _____ **Print Name** _____ **Relationship** _____

Address _____ **Phone** _____

if additional signatures are required copy this page and attach to packet