

The Co-op Funeral Home of People's Memorial

PMA # _____ CREMATION AND DISPOSITION AUTHORIZATION Page One of Four

Notice: This is a legal document that contains important provisions concerning cremation. Please read this entire document carefully before signing. Cremation is an irreversible and final process.

NAME OF DECEDENT: _____ SEX: _____

DATE OF BIRTH: _____ DATE OF DEATH: _____ SSN: _____

I/We the undersigned (the "Authorizing agent") hereby authorize and request The Co-op Funeral Home of People's Memorial to direct First Cremation Services (the "Crematory"), their agents and employees, to cremate and process the human remains of the Decedent.

Schedule & Container The Crematory may perform the cremation upon receipt of the remains, at its discretion, and according to its time schedule, as work permits, without obtaining any further authorization or instructions from me/us. The Crematory requires that the remains be placed in a combustible, leak resistant rigid container for cremation. The Crematory is authorized to dispose of any noncombustible residue, handles or other items attached to any cremation container.

Type of casket or cremation container: Alternative Container Other: _____

Type of container requested for the cremated remains: Plastic Urn Other: _____

AUTHORITY TO SIGN

I/We state, represent and warrant that I am / we are: **(CHECK ONLY ONE)**

- Acting on the written instructions of the deceased who authorized his or her own cremation in writing pursuant to Rev. Code Wash. 68.50.160(1) (see attached). The cremation and Disposition Authorization must be signed by the Deceased, witnessed and dated. The written instructions must be attached.
- Acting on the instructions of the deceased who executed a pre-paid pre-arrangement authorizing his or her own cremation pursuant to Rev. Code Wash. 68.50.160(2) (see attached). The pre-arrangement must be attached.
- A person acting as a representative or agent of the deceased under the signed authorization of the deceased pursuant to Rev. Code Wash. 68.50.160(3)(a) (see attached). The written authorization must be attached.
- The surviving Spouse or Registered Domestic Partner of the deceased at the time of death pursuant to Rev. Code Wash. 68.50.160(3)(b).
- The majority of or the only surviving adult child(ren) of the deceased pursuant to Rev. Code Wash. 68.50.160(3)(c).
- All of or the only surviving parent(s) of the deceased pursuant to Rev. Code Wash. 68.50.160(3)(d).
- The majority of surviving sibling(s) of the deceased pursuant to Rev. Code Wash. 68.50.160(3)(e).
- A Court-appointed Guardian of the deceased at the time of their death pursuant to Rev. Code Wash 68.50.160(3)(f).
- Most Responsible Party Available pursuant to Rev. Code Wash 68.50.160(5)(f).

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CREMATION AND DISPOSITION AUTHORIZATION *Page Two of Four*

Decedent: _____

I/We have the right and hereby authorize the cremation of the deceased and the disposition of the cremated remains pursuant to the regulations of the Crematory and the instructions on this form. I am/We are not aware of any living person with a superior right to authorize the cremation of the deceased and I am/we are not aware of any contract or instruction (including any pre-arranged funeral plan) made by the deceased objecting to cremation or providing for disposition other than by cremation.

I/We warrant that all representations and statements contained in this form are true and correct. These statements are being relied upon by The Co-op Funeral Home of People's Memorial and the crematory.

I/We hereby state that I/We are the closest living next of kin of the decedent or are otherwise empowered and authorized to execute this authorization according to all state and local laws.

I/We are aware of no objection to this cremation by the spouse, any child, parent or sibling of the decedent, or of provision of any contract or instructions made by the decedent.

I/We have either identified or waived my rights of identification of the human remains that I/we released to The Co-op Funeral Home of People's Memorial, as the decedent. All personal property, clothing and or valuables have been removed from the remains or I/We hereby order them cremated with the remains, unless specified on the following page. I/We understand that any personal property, clothing or valuables, including dental gold, on or with the body will be destroyed in the cremation process, and therefore will not be recoverable.

I/We hereby agree to indemnify and hold harmless, The Co-op Funeral Home of People's Memorial, First Cremation Services, their officers, directors, agent and employees, from any claim, liability, cost or expense resulting from their reliance on or performance consistent with the direction, declaration, representation, authorizations and agreements herein, including but not limited to, claims brought by any other persons claiming the right to control the disposition of the decedent or the decedent's cremated remains.

By execution, the undersigned warrant(s) that all representations and statements contained herein are true and correct. These statements are being relied on by the Crematory and the undersigned has read and understood the provisions of this document.

IMPORTANT: AGENT/NEAREST NEXT OF KIN MUST SIGN – ADDENDUM provided for additional parties

SIGN HERE → Signature: _____ Telephone #: _____
Print Name: _____ Relationship: _____
Address: _____

SIGN HERE → Signature: _____ Telephone #: _____
Print Name: _____ Relationship: _____
Address: _____

SIGN HERE → **Witness Signature:** _____ **Date:** _____
Print Name: _____ Relationship: _____

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Decedent: _____

Mechanical Devices and Implants: Mechanical Devices and Implants in the Decedent may create a hazardous condition when placed in a cremation chamber and subjected to heat. The Crematory will not cremate any human remains that contain any mechanical device or implants such as a defibrillator, cardiac pacemaker or insulin pump.

I HEREBY CERTIFY THAT REMAINS OF THE DECEDENT DOES OR DOES NOT CONTAIN ANY TYPE OF IMPLANTED BATTERY OPERATED OR RADIOACTIVE DEVICE. *(Please indicate with initials)*

DEVICE DESCRIPTION: _____ Listed are all implanted battery operated or radioactive devices that the funeral service is authorized to remove from the remains of the Decedent prior to cremation and to *(Please indicate with initials)*

RECYCLE OR RETURN TO AGENT

After cremation, any metal surgical implants recovered from the cremated remains may be recycled unless requested to be returned to the agent. Any proceeds from recycling medical implants and metals will be donated to a local nonprofit charitable organization.

I HEREBY CERTIFY THAT ANY IMPLANTED METAL RECOVERED BE: RECYCLED OR RETURNED TO AGENT

Jewelry and Personal Property: All clothing, jewelry, eyeglasses, dental implants, prosthetics or any other personal property or assistive medical devices will be cremated with the decedent unless hereby identified. *(Please indicate with initials)*

I HEREBY CERTIFY THAT ALL JEWELRY OR PERSONAL PROPERTY IS:

TO BE CREMATED WITH THE DECEDENT
OR

TO BE REMOVED PRIOR TO CREMATION AND RETURNED TO THE AUTHORIZED AGENT AS SPECIFIED:

Permission to post death notice/obituary on The Co-op Funeral Home's website:

Yes No

CREMATION PROCESS

The human remains of the decedent are placed in a combustible casket or other container and delivered to the crematory.

All cremations are performed individually. The cremation process begins with the placement of the casket/container in the cremation chamber where it is subjected to intense heat and flame reaching temperatures of 1400 to 1800 degrees Fahrenheit. After approximately two and one half hours, all substances are consumed or driven off; except bone fragments (calcium compounds) and metals, as the temperature is not sufficiently high enough to consume them. During the cremation process it may be necessary to open the cremation chamber and reposition the deceased in order to facilitate a complete and thorough cremation.

Due to the nature of the cremation process any personal possessions or valuable materials, such as dental gold or jewelry (as well as body prostheses or dental bridgework); that are left with the decedent and not removed from the casket or container prior to cremation will be destroyed or will otherwise not be recoverable.

Following an appropriate cooling period, the cremated remains are swept or raked from the cremation chamber. The Crematory makes all reasonable efforts, and uses its best efforts, to remove all of the cremated remains from the cremation chamber, but it is impossible to remove all of them, as some dust or other residue from the process are always left behind. In addition, while every effort will be made to avoid commingling, there will be inadvertent or incidental commingling of minute particles of cremated remains from the residue of previously cremated remains, and the Authorizing Agent understands and accepts this fact.

After the cremated remains are removed from the cremation chamber, the skeletal remains often contain recognizable bone fragments. Unless otherwise specified, after the bone fragments have been separated from the other material, they will then be mechanically processed (pulverized). This 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 will be virtually unrecognizable as human remains.

After the cremated remains have been processed, they will be placed into the designated urn or container. The Crematory will make reasonable effort to put all the cremated remains in the urn or container, with exception of dust or other residue that may remain on the processing equipment. The Funeral Service will deliver/dispose of the urn/container containing the cremated remains as directed by the Authorized Agent. I have read and understand this disclosure concerning the Cremation Process.

SIGN HERE →

SIGNATURE OF AUTHORIZED AGENT: _____

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RELEASE OF CREMATED REMAINS

Disposition of the cremated remains of _____,
decendent, shall be made as instructed:

I wish that the cremated remains to be released to the following person(s):

Print Name: _____ Relationship: _____ Phone: _____

Print Name: _____ Relationship: _____ Phone: _____

I certify that I have received the cremated remains of the above named decendent.

Signature Print Name Date

I certify that I have received _____ (#) Certified Copies of the Death Certificate _____
Signature

Other Personal Property received: _____

I have directed the scattering of the remains of the above named decendent by The Co-op Funeral Home of People's Memorial or other scattering service as described below.

Name of Scattering Service

Address

Description of Scattering service to be performed: _____

I have directed the shipment of the cremated remains of the above named decendent to the address recorded below. The Co-op Funeral Home of People's Memorial is not responsible for any loss or damage of cremated remains shipped via Express Mail with the U.S. Postal Service.

Name

Mailing Address (Include City, State & Zip)

By initialing next to the appropriate box above and by my signature below I hereby certify that I have the right to direct the disposition of the remains of the above named decendent. Additionally, I understand that in the event that the cremated remains remain unclaimed for more than 90 days, I will be contacted by certified mail at the address above. I will have 10 business days to claim the cremated remains or otherwise provide for their disposition. If I do not respond within the stated time period I hereby authorize The Co-op Funeral Home of People's Memorial to make disposition of the cremated remains in any legal manner and within any time period it deems appropriate. I further understand that 30 days of cremated remains storage will be provided free of charge. Past the initial 30 days I will be charged and agree to pay a \$1.00 per day fee for storage until permanent disposition is made.

SIGN HERE →

SIGNATURE OF AUTHORIZED AGENT: _____

Print Name:

Date:

The Co-op Funeral Home of People's Memorial

CREMATION AND DISPOSITION AUTHORIZATION *Addendum*

Decedent: _____

I/we hereby authorize the cremation of the decedent in accordance with the terms of the Cremation and Disposition Authorization. I/we understand that the cremated remains must be claimed or the disposition arranged within 90 days of the date of cremation.

Additional Next of Kin as needed (Authorized Agents):

SIGN HERE → Signature: _____ Telephone #: _____
Print Name: _____ Relationship: _____
Address: _____

SIGN HERE → Signature: _____ Telephone #: _____
Print Name: _____ Relationship: _____
Address: _____

SIGN HERE → Signature: _____ Telephone #: _____
Print Name: _____ Relationship: _____
Address: _____

SIGN HERE → Signature: _____ Telephone #: _____
Print Name: _____ Relationship: _____
Address: _____

SIGN HERE → Witness Signature: _____ Date: _____
Print Name: _____ Relationship: _____