

AUTHORIZATION FOR CREMATION AND DISPOSITION

The undersigned certify, warrant and represent that I have the full legal right and authority to authorize the cremation, processing and disposition of the remains of _____ (hereby referred to as "deceased"). Date of

Birth: _____ Date of death: _____ Time of death: _____ A.M. P.M. Place of death: _____

_____ Hereby request and authorize Northport Funeral & Cremation Service (hereinafter referred to as the "Funeral Home") to take possession of and make arrangements for the cremation of the remains of the Deceased at _____ (hereinafter referred to as "Crematory"). Authorize the Crematory to return the cremated remains of the Deceased as follows: _____

The cremation, processing and disposition of the remains of the Deceased authorized herein shall be performed in accordance with all governing laws, rules, regulations and policies of the Crematory and Funeral Home, and the following terms and conditions: Mechanical or radioactive devices implanted in the remains of the Deceased (such as pacemakers, etc) may create a hazard when placed in cremation chamber. The Crematory will not cremate any human remains which contain any type of implanted mechanical or radioactive device. In the event that the remains of the Deceased prior to cremation, and dispose of such items at its discretion. **I/WE HEREBY CERTIFY THAT THE REMAINS OF THE DECEASED DO DO NOT CONTAIN ANY TYPE OF PLANTED MECHANICAL OR RADIOACTIVE DEVICE.**

PLEASE INITIAL ONE

Listed below are all implanted mechanical and radioactive devices which the Funeral Home is authorized to remove from the remains of the Deceased prior to cremation, and dispose of as indicated:

description of implanted device

disposition

If no instructions for disposition are given, such items may be disposed of at the discretion of the Funeral Home. The cremation container containing the remains of the Deceased will be placed in the cremation chamber and will be totally and irreversibly destroyed by prolonged exposure to intense heat and direct flame. I authorize the Crematory to open the cremation chamber during the process and reposition the remains of the Deceased in order to facilitate a complete and thorough cremation.

Herein items including, but not limited to, body prosthesis, dentures, dental bridgework, dental fillings, jewelry and other personal articles accompanying the remains of the Deceased maybe destroyed during the cremation process. I further authorize that if any items, *other than the cremated remains of the Deceased*, are recovered from the cremation chamber, they may be separated from the cremated remains of the Deceased and disposed of by the Crematory. I hereby authorize the Crematory to separate and remove from the cremation chamber all noncombustible materials including, but not limited to, hinges, latches, nails, jewelry and precious metals, and dispose of such material. In the event the urn or container is insufficient to accommodate all the cremated remains of the Deceased, consisting primarily of bone fragments, will be mechanically pulverized to an unidentifiable consistency prior to placement in an urn or other container.

Unless an urn or container suitable for shipment is purchased, the Crematory will place the cremated remains of the Deceased in a container which is not designed for any type of shipment.

In the even an urn or container is insufficient to accommodate all of the cremated remains of the Deceased, any excess cremated remains will be placed in a secondary container and returned to the Funeral Home, together with the primary urn or container.

I understand and acknowledge, that even with the exercise of reasonable care and use of the Crematory's best efforts, it is not possible to recover all particles of the cremated remains of the Deceased, and that some particles may inadvertently become commingled with particles of other cremated remains remaining to the cremation chamber and/or other devices utilized to process the cremated remains. I hereby authorize the Crematory to dispose of any such residual particle in any lawful manner I deem appropriate. In the event the cremated remains of the Deceased remain unclaimed for a period of 30 days, the Funeral Home shall give written notice to me by certified mail to the address indicated below. I agree that in the event the cremated remains of the Deceased remain unclaimed for a period of 120 days after the date such written notification is mailed, the Funeral Home is authorized and directed to dispose of the unclaimed cremated remains of the Deceased in any lawful manner it may deem appropriate.

I agree to indemnify, release and hold the Crematory, Funeral Home and their affiliates, agents, employees and assigns harmless for any loss, damages, liability or causes of action (including attorney's fees and expenses of litigation) in connection with the cremation and disposition of the cremated remains of the Deceased, as authorized herein, my failure to correctly identify the remains of the Deceased, disclose the presence of any implanted mechanical or radioactive devices, or take possession of, or make permanent arrangements for, the disposition of such remains.

~~Except as set forth in the Authorization, no warranties, expressed or implied, are made by the Funeral Home, Crematory or any of their respective affiliates, agents or employees.~~

SIGNATURE OF PERSON AUTHORIZING CREMATION AND DISPOSITION

Warrant that all representations and statements made herein are true and correct, and that I have read and understand the provisions contained in this document.

Signature _____
Print Name Relationship to Deceased

Address _____ Tel. No () _____
Street City State Zip

Signature _____
Print Name Relationship to Deceased

Address _____ Tel. No () _____
Street City State Zip

Signature _____
Print Name Relationship to Deceased

Address _____ Tel. No () _____
Street City State Zip

Witness _____ Date: _____

Northport Funeral & Cremation Services 5404 Watermelon Rd, Northport, Al 35473 205-750-3140
Name of Funeral Home Address of Funeral Home



STATE OF ALABAMA
ALABAMA BOARD OF FUNERAL SERVICE
CREMATION IDENTIFICATION FORM

****THIS FORM SHALL ACCOMPANY THE REMAINS THROUGH ALL PHASES OF TRANSPORTING****

IDENTIFICATION:

NAME OF DECEASED: _____ SOCIAL SECURITY NUMBER: _____

PLACE OF DEATH: _____
(PHYSICAL ADDRESS OR INSTITUTION)

CITY: _____ COUNTY: _____ STATE: _____

DATE OF DEATH: _____ TIME OF DEATH: _____

NAME OF AUTHORIZING AGENT (or representative of): _____

SIGNATURE OF AUTHORIZING AGENT (or representative of): _____

FUNERAL ESTABLISHMENT ORIGINALLY RECEIVING REMAINS:

NAME: _____

ADDRESS: _____ CITY/STATE: _____

ESTABLISHMENT PERFORMING CREMATION:

NAME: _____

ADDRESS: _____ CITY/STATE: _____

SIGNATURES: _____
(INDIVIDUAL RELEASING REMAINS TO CREMATORY) (CREMATORY REPRESENTATIVE RECEIVING REMAINS)

(PRINTED NAME OF INDIVIDUAL RELEASING REMAINS)

(PRINTED NAME OF CREMATORY REPRESENTATIVE)

NOTIFICATION

CORONER: _____ DATE: _____ TIME: _____

CONSENT INFORMATION: _____

CERTIFICATION OF CREMATIONIST

I, _____, do hereby attest and certify that I personally performed the cremation of
(Print name of individual who performed cremation)

_____ at _____ on _____ beginning at
(Print name of deceased) (Print name of crematory) (Date)

_____ and concluding on _____ at _____. I further attest that the deceased was assigned
(Time) (Date) (Time)

identification number _____ prior to the cremation and that this number has accompanied the remains through the entire cremation process and has been placed with the cremated remains for return to the specified destination.

(Signature of Cremationist)