

## Cremation Authorization

Name of Deceased: \_\_\_\_\_ DOD: \_\_\_\_\_ TOD: \_\_\_\_\_

**Authorization:** I, the undersigned, certify that I am the legal custodian of the herein deceased, having full legal authority to authorize the cremation, processing and disposition of the deceased and hereby authorize and request Riposta Funeral Home/Direct Cremation of Maine in accordance with and subject to its rules and regulations, and any applicable state or local laws or regulations, to cremate by fire or alkaline hydrolysis the remains of above said individual. I, understand and acknowledge, cremation is an irreversible and final process, and hereby agree to indemnify, defend, and hold harmless Maine Coast Crematory, all officers, agents, and employees, from any and all claims, demands, causes or 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 to this authorization and the resulting cremation and disposition of the cremated remains either real or perceived.

Pacemakers, prostheses, silicon and radioactive implants implanted in the deceased may create hazardous conditions when placed in the cremation chamber. Maine Coast Crematory will not cremate any human remains which contain these devices. The authorizing agent hereby certifies that the remains of above said decedent do not contain any type of implanted or mechanical device, or, if any implant or mechanical device is located within the deceased, hereby authorize removal of the implant or device prior to cremation. The undersigned hereby acknowledges that the deceased had no jewelry or personal property on or about the deceased except for any items listed as follows: \_\_\_\_\_

\_\_\_\_\_. The person(s) signing this form will be responsible for all damages to crematory property, including but not limited to full replacement cost of equipment should there be a failure to disclose implanted or mechanical devices.

### Final Disposition:

Cremated Remains are to be placed in: Temporary Container: \_\_\_\_\_ Urn: \_\_\_\_\_

Remains are to be: picked up by: \_\_\_\_\_

Shipped express mail USPS to: \_\_\_\_\_

**Signature of Person(s) Authorizing Cremation and Disposition:** This contains important provisions regarding cremation. CREMATION IS IRREVERSIBLE AND FINAL. Read this Document carefully before signing. I/We warrant that all statements made herein are true and correct, and that I/we understand the provisions contained in this document. This authorization may be executed in person, via electronic signature, or by email authorization.

Executed at \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_

Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

### Additional Signatures:

Name	Signature	Relationship
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1. \_\_\_\_\_

2. \_\_\_\_\_

**Witness by Authorized Funeral Home Representative** \_\_\_\_\_