



# KILCOLLINS CREMATION SERVICE

## CREMATION AUTHORIZATION

CREMATION DATE: \_\_\_\_\_ CREMATION NUMBER: \_\_\_\_\_

DECEASED FULL LEGAL NAME \_\_\_\_\_

LATE RESIDENCE \_\_\_\_\_

DATE OF DEATH \_\_\_\_\_ AGE \_\_\_\_\_

I, \_\_\_\_\_ (LEGAL REPRESENTATIVE'S FULL NAME)

OF \_\_\_\_\_ (ADDRESS), (\_\_\_\_\_) \_\_\_\_\_ (PHONE)

DO HEREBY CERTIFY THAT I HAVE THE RIGHT TO AUTHORIZE CREMATION AND DISPOSITION OF THE

ABOVE DECEASED, AS THEIR \_\_\_\_\_ (RELATIONSHIP TO DECEASED).

I ACCEPT RESPONSIBILITY FOR AUTHORIZATION, AND CREMATION, AND ABSOLVE THE CREMATORIUM  
OF ANY LIABILITY ON ACCOUNT OF SAID AUTHORIZATION, CREMATION, AND SUBSEQUENT DISPOSITION.

**\*\* I UNDERSTAND THAT A HEART PACEMAKER CAN DANGEROUSLY EXPLODE WHEN PLACED IN A CREMATION CHAMBER.**

IS THERE A PACEMAKER WITHIN THE DECEASED BODY? YES [\_\_\_\_\_] NO [\_\_\_\_\_]

**\*\* I ALSO UNDERSTAND THAT IF THE BODY OF SAID DECEASED HAS BEEN TREATED WITH RADIONUCLIDE, THIS COULD PRESENT A RADIOACTIVE SITUATION, THIS COULD PRESENT A RADIOACTIVE SITUATION IN THE CREMATORIUM (PLEASE CHECK APPROPRIATE STATEMENT BELOW)**

**NO, THERE HAVE NEVER BEEN RADIOLUCLIDE TREATMENTS TO SAID DECEASED [\_\_\_\_\_]**

**YES, THE LAST TREATMENT WAS ADMINISTERED ON \_\_\_\_\_**

**\*\*I UNDERSTAND THAT THE CREMATORIUM TAKES NO RESPONSIBILITY FOR PERSONAL EFFECTS ACCOMPANYING THE BODY OF THE ABOVE NAMED DECEASED.**

DISPOSITION OF CREMATED REMAINS:

NEEDED FOR: \_\_\_\_\_ (DAY, TIME, LOCATION)

SPECIAL INSTRUCTIONS: \_\_\_\_\_

**\*\*SHOULD I NOT PROVIDE INSTRUCTIONS FOR FINAL CARE OF THE CREMATED REMAINS OR RETRIEVE THE CREMATED REMAINS WITHIN SIXTY DAYS OF THE DATE OF CREMATION, I HEREBY AUTHORIZE THE FUNERAL HOME TO PERMANENTLY DISPOSE OF THE CREMATED REMAINS. I HEREBY ASSUME RESPONSIBILITY FOR ANY CHANGES FOR THIS SERVICE, AND HOLD THE FUNERAL HOME/CREMATORIUM, AND ITS EMPLOYEES, HARMLESS FROM ANY LIABILITY.**

SIGNATURE OF LEGAL REPRESENTATIVE \_\_\_\_\_ DATE \_\_\_\_\_

WITNESS (FUNERAL DIRECTOR) \_\_\_\_\_ DATE \_\_\_\_\_