

AUTHORITY TO CREMATE AND ORDER FOR DISPOSITION

THIS IS A LEGAL DOCUMENT

It Contains Important Provisions Concerning Cremation • Cremation Is Irreversible and Final • Read This Document Carefully Before Signing

REQUIREMENTS FOR CREMATION

Cremation Will Take Place ONLY after all the following conditions have been met:

1. Any scheduled viewings have been completed.
 2. All necessary authorizations required by the family have been obtained, and no objections have been made.
 3. All civil and medical authorities have issued all required permits and authorizations.
 4. Visual identification of the decedent has been accomplished by the next of kin or person who assumes responsibility for identification for next of kin.
- In lieu of visual identification, code of Virginia requires positive identification.

THE CREMATION PROCESS

Cremations performed by Funeral Choices, herein and hereafter referred to as The Company, are performed by placing an individual cremation container or prepared casket within the cremation chamber for the purpose of memorialization. The decedent is placed in the crematory chamber and through intense heat and flame (1400 to 1900 degrees Fahrenheit) the body and the container are reduced to basic components referred to as cremated remains. Upon completion of the calcine cycle, all substances are consumed or driven off, except bone fragments (calcium compound), metal (including dental gold and silver), and other non-human material. Following a cooling period the remains (consisting of bone fragments, metal, etc.) are then raked from the chamber. The cremated remains will be separated from most metal (including dental gold and silver) and other non-human material to which may be affixed bone particles or other human residue. These materials will be disposed of in a nonrecoverable manner unless otherwise specified. The cremated remains are then mechanically processed (pulverized). Once processed, the cremated remains are then encased in a specified urn or temporary container. The Company makes every reasonable and prudent effort to remove and recover all of the cremated remains from the cremation chamber, processing equipment and other subsequent tools or containers. It is impossible to remove or recover all cremated remains and some bone particles and other residue will remain on or within the equipment. It is further impossible to guarantee or warrant that some bone particles or other residue could not possibly be commingled with those of previously cremated remains. In addition, while every effort will be made to avoid commingling, inadvertent or incidental commingling of minute particles of cremated remains from the residue of previous cremations is a possibility, and the Authorizing Agent understands and accepts this fact.

_____ **I Have Read The Above Description Of The Cremation Process And I Have No Further Questions About My Decision To Proceed.**

CASKETS AND CONTAINERS

Funeral Choices DOES NOT Accept Metal Caskets For Cremation.

Funeral Choices requires either a casket or covered alternative container for cremation. **An alternative container must meet all the following standards;** 1. Be resistant to leakage or spillage. 2. Be composed of readily combustible materials suitable for cremation. 3. Be able to be closed to provide complete covering of the deceased. 4. Be rigid enough for handling with ease. 5. Be able to provide protection for the health and safety of Crematory personnel.

Many caskets that are comprised primarily of combustible material also contains some exterior parts, e.g. decorative handles or rails that are not combustible and may cause damage to the cremation equipment. The Company at its sole discretion reserves the right to remove these non-combustibles prior to cremation and to discard them with similar materials from other cremations and other refuse in a non-recoverable manner.

Type of casket or container _____

DISCLOSURES AND PERMISSIONS

(Initial Each)

_____ I/We understand that if I/We wish to remove/retain any item from the remains, (i.e. dental gold) I/We must do so myself or by Authorized Agent prior to the cremation process.

_____ I/We understand that in the event the cremated remains have not been picked up by me or my designated representative within 90 days from the date of cremation, The Company can comply with Virginia Law 54.1-2902.1.

_____ I/We give full permission for the following:

- a. The incidental or inadvertent commingling of the cremated remains.
- b. The processing of the cremated remains and inadvertent commingling of the cremated remains.
- c. The disposal by The Company of any metal or non-human material recovered to which any bone particles or other human residue may be affixed.

_____ With the increase of cremations and at times when the crematory equipment may be undergoing repairs The Company at its discretion will use the services of a 3rd party crematory who meets or exceeds the same standard of care that would have been provided by Funeral Choices to perform cremation services.

IMPLANTED DEVICES

_____ Mechanical devices, implants, prosthesis and certain nuclear medicine residues in the decedent may create hazardous conditions when subjected to intense heat. The Company might not cremate human remains which contain certain implants if the decedent was previously treated with Strontium 89. I authorize The Company to remove and dispose/donate any pacemaker or other explodable implant.

Description of Devices: _____

WITNESS OF CREMATION PROCESS AND IDENTIFICATION

The undersigned has elected to physically identify the deceased and not witness the initiation of the cremation process and grants The Company permission to proceed at their earliest convenience, upon receipt of all approvals.

Authorizing Agent _____

I/We attest that I/We have visually identified the deceased, a photograph of the deceased or a photograph of a distinguishing birthmark or tattoo of the deceased and attest that the deceased is the person named below.

I certify that I/We am/are the legal next-of-kin or legal representative of the deceased under Virginia law and that I/We have full authority under law to provide permission to the above-name funeral home/crematory to photograph the deceased if that is my/our choice of identification. **Authorizing Agent** _____

I/We understand and accept that identification was made through the Medical Examiners Office, using DNA, dental records and/or fingerprints, medical records, law enforcement or other procedures.

Authorizing Agent _____

I/We have identified the body that was delivered to The Company as the deceased _____ (Name of Deceased).

I/We decline the right to view the deceased or a photograph of the deceased and authorize The Company to proceed with positive identification of the deceased as Virginia Law requires.

Authorizing Agent _____

Virginia Law requires visual or positive identification of the deceased prior to cremation taking place.

I/We authorize The Company to transport the deceased to Funeral Choices for cremation. I/We assume all liability for mistaken identification.

Authorizing Agent _____

The undersigned hereby requests to identify the deceased and witness the initiation of the cremation process. **Authorizing Agent** _____

Witnessing a cremation can be an emotional experience. Witnesses are assuming the risks involved and fully release The Company from any liability.

LEGALLY AUTHORIZED PERSONS

(Initial One)

The undersigned understands that Virginia law requires The Company to receive written authorization for cremation from a legally authorized person and certify that they qualify as such in the manner noted below.

_____ Undersigned is the designee of the decedent.

_____ Undersigned is the surviving spouse of the decedent.

_____ Undersigned are the surviving children of the decedent who are 18 years of age or older with there being no surviving spouse.

_____ Undersigned is acting as legal guardian for decedent's children who are under 18 years of age.

_____ Undersigned are the surviving parents of the decedent with there being no surviving spouse or children.

_____ Undersigned are the surviving brothers and sisters of the decedent who are 18 years of age or older with these being no surviving spouse, children or parents.

_____ Undersigned are grandchildren of the decedent with these being no surviving spouse, children, parents or siblings.

_____ Undersigned are grandparents of the decedent with there being no surviving spouse, children, parents or siblings.

_____ Undersigned are next of kin or closest degree to the decedent as _____ with there being no surviving spouse, children, parents, siblings, grandchildren or grandparents.

_____ Undersigned is the attorney-in-fact or health care surrogate of the decedent at the time of death and can serve as the legally authorized person since either no family exists or is available.

_____ There are no surviving persons as listed above and I am a friend or other person willing to assume the responsibility as the Authorizing Agent.

_____ In the absence of any of the above, by order of District Court.

AUTHORIZATION TO CREMATE

The undersigned hereby requests and authorizes The Company, in accordance with and subject to its rules, regulations, and all state and local laws to cremate the remains of _____ who died at _____ on the _____ day of _____ 20____. I/We certify and represent that we have the right to make such authorization and agree to indemnify and hold harmless The Company, its affiliates, officers, agents, employees and assigns harmless from any and all loss, damages, claims, demands, liability or causes of action (including attorney fees and expenses of litigation) in connection with the cremation processing and disposition of the cremated remains as authorized herein. I/We understand The Company will seek legal action towards the undersigned if there is any form of misrepresentation or fraud on my/our part while acting as the Authorizing Agents.

Signature (Authorizing Agent) _____ Date _____ Print Name _____
Relationship to Deceased _____

Signature (Authorizing Agent) _____ Date _____ Print Name _____
Relationship to Deceased _____

ORDER FOR DISPOSITION

(Initial One)

_____ Return to family or designated representative. ONLY the person(s) name that appears on this form will receive the cremated remains. Positive identification must be shown at the time of pick-up from The Company.

THERE ARE NO EXCEPTIONS

Cremated remains to be picked up by: 1. _____ 2. _____ 3. _____ 4. _____

_____ Inter said cremated remains in _____ cemetery.

_____ I appoint The Company as my agent to make shipment of said cremated remains via U.S. postage mail or scheduled air freight. I am aware that The Company's services have been fully completed when the cremated remains have left The Company's possession and I indemnify and hold harmless The Company from any and all claims arising from such mailing.

_____ I appoint The Company as my agent to deliver said cremated remains to _____

Type of urn _____

Signature of Funeral Director as Witness

Date