

AUTHORITY TO CREMATE

Crematory ID Tag # _____

NAME OF DECEDENT: _____ SEX: M F
LAST FIRST MIDDLE (Encircle one)

DECEDENT'S LAST RESIDENCE: _____

(In this document the word "I" shall refer to all persons authorizing the cremation and disposition of the decedent.)

I authorize Sierra View Crematory (CR #327) or Nor-Cal Crematory (CR #124) (the "Crematory") to cremate the body of the decedent named above (the "Decedent") in accordance with the Crematory's rules and regulations and State laws and regulations. Funeral Establishment reserves the right to choose which Crematory that will be used.

[NOTE: California law provides "Any person signing any authorization for the interment or cremation of any remains warrants the truthfulness of any fact set forth in the authorization, the identity of the person whose remains are sought to be interred or cremated, and his or her authority to order interment or cremation. He or she is personally liable for all damage occasioned by or resulting from the breach of such warranty."]

I (We) certify that the decedent did not give directions that his/her remains not be cremated, and that (initial on all applicable lines):

_____ I am making this authorization for myself.

_____ I am the Agent under a Durable Power of Attorney for Health Care (attach a copy of the Durable Power of Attorney).

_____ I am the surviving spouse of the decedent. I am the surviving California Registered Domestic Partner of the decedent.

_____ I am (We are) the surviving child (children- all or majority).
_____ number of children. There being no surviving spouse/domestic partner.

_____ I am (We are) the surviving parent (parents).
_____ number of parents. There being no surviving spouse/domestic partner or children.

_____ I am (We are) all or a majority of the surviving sister(s) and brother(s).
_____ number of sisters and brothers. There being no surviving spouse/domestic partner, children, or parents.

_____ I am (We are) all or a majority of the surviving niece(s) and nephew(s).
_____ number of nieces and nephews. There being no surviving spouse/domestic partner, children, parents, sisters, and brothers.

_____ I am (We are) all or a majority of the surviving next of kin of closest degree of decedent as defined in California Probate Code 6400 et seq. and California Health and Safety Code 7100.

_____ I certify that I have the legal right to authorize the cremation & control the disposition of the Decedent's remains.

1. **Cremation Container.** The Crematory will not accept the remains of the Decedent for cremation unless they are in a leak resistant, rigid combustible cremation container or casket. I authorize the Crematory to remove and dispose of handles, ornaments or other non-combustible parts of the cremation container or casket.

2. **Mechanical or Radioactive Devices.** Mechanical or radioactive devices, such as pacemakers, may be a hazard if placed in the cremation chamber. The Crematory will therefore not knowingly cremate any remains which contain such a device.

I certify that the remains of the Decedent DO _____ DO NOT _____ contain a mechanical or radioactive device. (Place initials next to correct statement)

If the decedent's remains do contain such a device, I authorize the Funeral Establishment or Crematory to arrange for the removal of the device prior to the cremation. I further authorize the Funeral Establishment or Crematory or its agent to dispose of any such device as it deems appropriate. I agree to indemnify and hold the Crematory harmless from any and all claims or damages, including damage to the retort(s) or injuries suffered by the Crematory's employees, which arise from my failure to timely notify the Crematory of any mechanical or radioactive implants in the body of the Decedent. INITIAL: _____

3. **Mementos, Jewelry, Dental Gold/Silver & Other Foreign Materials.** Items such as personal mementos, jewelry, dental gold and silver, prostheses and other foreign materials placed in the cremation chamber with the Decedent will either be destroyed or rendered unrecognizable. If any such items are recovered from the cremation chamber I authorize the Crematory to dispose of them.

4. **The Cremation Process.** I acknowledge the following: The human body burns with the casket, container, or other material in the cremation chamber. Some bone fragments are not combustible at the incineration temperature and, as a result, remain in the cremation chamber. During the cremation, the contents of the chamber may be moved to facilitate incineration. The chamber is composed of ceramic or other material which disintegrates slightly during each cremation and the product of that disintegration is commingled with the cremated remains. Nearly all of the contents of the cremation chamber, consisting of the cremated remains, disintegrated chamber material, and small amounts of residue from previous cremations, are removed together and crushed, pulverized, or ground to facilitate interment or scattering. Some residue remains in the cracks and uneven places of the chamber. Periodically, the accumulation of this residue is removed and interred in a dedicated cemetery property, or scattered at sea.

5. **Time of Cremation.** The cremation will take place after all required permits are obtained, this completed and signed Authority to Cremate is received by the Crematory, and after any scheduled funeral ceremony at which the decedent's body is to be present has been concluded. The Crematory will perform the cremation according to its schedule (unless a specific date and time is requested in section 9), and at its discretion, without obtaining any further authorizations or instructions, unless the right of the person signing this document to authorize the cremation is contested by someone. In that event the Crematory may delay the cremation while it determines whether and how to proceed. The normal cremation process may take a minimum of 3 working days to a possible 10 days once all papers are signed and received at the Crematory.

6. **Viewing of Remains.** In order to view the remains of the deceased, minimal preparation and charges apply in order to do so.

I WOULD like to make arrangements to view the deceased's remains _____ initials

I DECLINE to make arrangements to view the deceased's remains _____ initials

7. **Weight Limits.** In the event the Decedent is over 300 lbs, additional charges will apply.

I certify that the Decedent is under 300 lbs. YES _____ NO _____ (Note: An additional charge will apply) (Place initials next to correct statement)

NAME OF DECEDENT: _____
LAST FIRST MIDDLE

DECEDENT'S LAST RESIDENCE: _____

8. **Disposition.** I authorize the Crematory to release the cremated remains back to the Funeral Establishment. We offer a minimum plastic urn to hold the cremated remains.

[NOTE: I understand that if the remains are not picked up within twenty (20) days after the cremation, the Funeral Establishment may deliver the remains to a licensed cemetery for final disposition in a manner which may make the remains non-recoverable.]

Mail the remains to _____
(Name & Address)

[NOTE: Remains will be mailed via U.S. Postal Service, registered with return receipt requested. I understand that the Funeral Establishment is acting solely as my agent in mailing the remains, and I agree that the Funeral Establishment shall not be liable if the remains are lost or damaged while in the custody of the U.S. Postal Service.]

_____ Scatter at sea in Pacific Ocean, non-witnessed, non-recoverable off coast of _____ County, CA
(Initials required only if this option was selected)

[NOTE: I understand that the Funeral Establishment is acting solely as my agent as an accommodation to me in arranging for the scattering of the remains. I agree that the Funeral Establishment shall not be liable for any failure by the service named above to properly scatter the remains.]

9. **Special Instructions.** Indicate special instructions below, *including request to witness the cremation:*

10. **Obligation of Crematory; Limitation on Damages.** The obligation of the Crematory shall be limited to the cremation of the Decedent and the disposition of the cremated remains as directed herein. I agree to release and hold the Crematory, its affiliated companies and their employees and agents harmless from any and all loss, damages, liability or causes of action (including attorneys' fees and costs of litigation) in connection with the cremation and disposition of the cremated remains as authorized herein, or the failure to properly identify the Decedent or to take possession of or make arrangements for the permanent disposition of the cremated remains. No warranties, express or implied, are made by the Crematory and damages shall be limited to the refund of the fee paid for the cremation.

SIGNATURES:

The following persons authorize the cremation and disposition of the Decedent named above, and agree that a facsimile copy of this Authorization, or a copy of this Authorization with our electronic signatures, shall be as valid as an original.

WITNESS:

IF THIS DOCUMENT IS NOT SIGNED BEFORE A STAFF MEMBER OF THE FUNERAL ESTABLISHMENT, PLEASE ATTACH A PHOTOCOPY OF PHOTO IDENTIFICATION WITH SIGNATURE, OR IF NO PHOTO ID, THEN ALL SIGNATURES NEED TO BE NOTARIZED.

Date Signature Print Name Relationship to Decd.
Address: _____ Phone _____

Date Signature Print Name Relationship to Decd.
Address: _____ Phone _____

Date Signature Print Name Relationship to Decd.
Address: _____ Phone _____

Date Signature Print Name Relationship to Decd.
Address: _____ Phone _____

Name of Funeral Establishment: Simple Traditions Cremation & Burial

Arrangement Counselor Printed Name and Signature: _____

Sierra View Crematory 6201 Fair Oaks Blvd., Carmichael, CA 95608 Phone # 916-481-1515 License # CR-327
Nor-Cal Crematory 8231 Alpine Ave. #8, Sacramento, CA 95826 Phone # 916-455-0120 License # CR-124

For more information on Funeral, Cemetery, and Cremation matters contact:
State of California Department of Consumer Affairs / Cemetery and Funeral Bureau 1625 North Market Boulevard, Suite S-208, Sacramento, California 92834, (916) 574-7870.