

Peaceful Passing Cremation & Burial Service Inc

1001 Nichols drive STE 5, Rocklin Ca 95765

(916) 907-2300 FAX (916)907-2299

Cremation Authorization Page 1 of 2

I, the undersigned, do hereby request and authorize Peaceful Passing Cremation & Burial Service Inc. or it's agents (hereafter referred to as the Crematory), in accordance with and subject to its rules and regulations, to cremate or cause to cremate the remains said to be:

DEC. _____ Address: _____

I certify that I am the next of kin or person authorized pursuant to Section 7100, Health and Safety Code, State of California, or I am a relative acting as the duly appointed agent for the next of kin, and it is my legal right and duty to control the disposition of the said remains of the above-named deceased

initial

The authorizing agent(s) hereby acknowledges and understands that due to the nature of the cremation process, any valuable material, including but not limited to any jewelry, prostheses, implants, dental fillings, dental bridgework, casket hardware or metals will be either destroyed, disposed of or recycled by the Crematory at its discretion. Unless the authorized agent(s) timely provide specific written instructions to the Crematory for their removal and return prior to the scheduled cremation, then such items will not be returned, and the authorized agent(s) thereby release the Crematory from any liability concerning such items. The authorizing agent(s) will need to timely make arrangements, at their own expense, for their removal of such items from the deceased's remains prior to cremation. Any proceeds of such materials realized by the disposition may be donated to a nonprofit charitable organization or retained by the Crematory to offset the costs of maintaining and repairing the crematory retorts. However, portions of such material can also be inadvertently commingled with the cremated remains. The authorizing agent(s) further and the undersigned further certifies that any additional items that are desired to be saved and not cremated, shall be removed and secured by the undersigned prior to the cremation taking place.

initial

When cremating, the crematory will exercise reasonable efforts in keeping cremated remains separate. However, because it is impossible to guarantee or warrant that some bone particles or residue of one cremation could not possibly be mixed with those of another cremation, inadvertent or incidental commingling of cremated remains can occur. I specifically acknowledge the cremation process described and give express permission for the cremation to take place including incidental or inadvertent commingling of the remains with the residue of prior cremations and cremations taking place in the future (Section 7054.7 Calif. Health and Safety Code)

initial

If the cremated remains container cannot accommodate all cremated remains of the deceased, the crematory shall provide a larger cremated remains container at no additional cost or place the excess in a second container that cannot easily come apart from the first, pursuant to (Section 8345 of the Health and Safety Code.)

initial

The undersigned further understands and agrees that if no arrangements for the final disposition, release or transfer of the cremated remains in part or in whole is specified on this form, and if the Crematory is not subsequently provided with instructions concerning the final disposition, release or transfer of the cremated remains within **thirty days** of the date the cremated remains are available, the crematory shall be authorized to arrange for final disposition in any manner as authorized by law or by scattering at sea at a reasonable cost for which the undersigned **will** insure prompt payment, and **in the event the crematory disposes of the cremated remains it is hereby understood and agreed that they will be non-recoverable.**

initial

The Crematory is further authorized to act as the agent for the undersigned for any and all instruments in connection with said authorizations, delivery or shipment. The undersigned understands that the services of the crematory will have been fully completed when the cremated remains are delivered or released to the Postal Service, Common Carrier, Person or Entity for transportation or final disposition, including but not limited to scattering, that further handling is the responsibility of the Postal Service, Common Carrier, Person or Entity. The Crematory is only acting as an agent for accommodation in carrying out these instructions and will be held harmless in the discharge of such accommodations.

initial

If the deceased has received any therapeutic radionuclide's, radiation implants, heart pacemaker implants or any other life sustaining device that could be radioactive or explosive, it is specifically indicated below. If such devices do exist, the funeral director or others are instructed to remove by surgical procedure and properly dispose of it before cremation. In the event the undersigned fails to notify the funeral director or any others responsible for the removal of such devices, either radioactive or explosive, or any additional precautionary procedures that may be indicated, the undersigned will be liable for all disposal charges and costs of such material and any damage to the crematorium or injury to personnel.

The deceased does ___ does not ___ have a pacemaker or radioactive implants.

list: _____

initial

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Cremation Authorization Page 2 of 2

DEC. _____ Address: _____

The undersigned declares under penalty of perjury that all statements made on this form are true and correct and are made to induce the crematory to cremate or cause to cremate the said remains of the above-named deceased. This is an ultimate and irreversible authority to make disposition of the remains as indicated and the undersigned shall assume full responsibility for the identity whether or not an election to view the remains has been made.

_____ initial

The following covenants are hereby expressly indicated and acknowledged by the undersigned:

- Identification Viewing (I.D VIEW): Viewing of the deceased prior to cremation may be requested via your funeral director. Viewing of the deceased may take place at the crematory when it is arranged.
- Identification/Viewing of the remains prior to the cremation will _____ will not _____ take place.
- If the viewing of the, deceased will take place, indicate Date/Time _____ and
- location _____

_____ initial

Estimate of Deceased: Height: _____ Weight: _____

A deceased may be considered "oversize" and additional charges may be applied if any special handling is necessary: as in a larger casket/alternative container, when additional personnel or special equipment is needed to accomplish cremation.

_____ initial

Release Instructions:

I hereby specifically authorize the release the cremated remains for final disposition to: Print Names

_____ Name of Authorized Individual

_____ Phone Number

_____ Name of Authorized Individual

_____ Phone Number

_____ Initial

"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. 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 inurnment or scattering. (Section 7054.1 Calif. Health and Safety Code) 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."

_____ **Priority Cremation** (may incur additional charge): Cremated remains needed by or within (circle) **12hrs/24hrs** (Date/Time): The undersigned hereby agrees to hold harmless and indemnify Peaceful Passing Cremation & Burial Service Inc. its officers and employees from any and all liability, costs, expenses, or claims resulting from this request.

Casket or alternative container that the deceased will be cremated in (type/description)

Urn(s) that cremated remains are to placed in by crematory (quantity and description)

Special Instructions:

The undersigned hereby agrees to hold harmless and indemnify Peaceful Passing Cremation & Burial Service Inc., its officers and employees from any and all liability, costs, expenses, or claims resulting from this authorization.

Number of authorizing signatures required _____

Executed at _____ this _____ day of _____ year _____

X _____ Print Name _____ Relationship _____

Address _____ Phone _____

X _____ Print Name _____ Relationship _____

Address _____ Phone _____

if additional signatures are required copy and attach to packet