

**AUTHORIZATION FOR CREMATION AND DISPOSITION**

NOTICE: THIS IS A LEGAL DOCUMENT. IT CONTAINS IMPORTANT PROVISIONS CONCERNING CREMATION. CREMATION IS IRREVERSIBEL AND FINAL. READ THIS DOCUMENT CAREFULLY BEFORE SIGNING.

NAME OF DECEASED: \_\_\_\_\_ SEX: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ DATE OF DEATH: \_\_\_\_\_

PLACE OF DEATH: \_\_\_\_\_ COUNTY: \_\_\_\_\_

CAUSE OF DEATH: \_\_\_\_\_ INFECTIOUS DISEASE? \_\_\_\_\_

I/We, the undersigned (the "Authorizing Agent(s)"), hereby authorize and request in accordance with and subject to the rules and regulations of the Crematory, and any applicable state and/or local laws or regulations, the cremation, processing, and disposition of the cremated remains of the Decedent named above.

I/We hereby authorize **Central Cremation Services 115G, Enterprise Dr. Pendergrass, GA 30567** to take possession of and make arrangement for the cremation of the remains of the Decedent with **Central Cremation Services** hereinafter referred to as the "Crematory," and to arrange for the disposition of the cremated remains as set forth in the form.

**IDENTIFICATION:**

I/We have identified the human remains that were delivered to the Crematory and the decedent and have authorized Central Cremation Services to deliver the Decedent to the Crematory for cremation.

INITIAL OF AUTHORIZING AGENT(S): \_\_\_\_\_

I/We hereby waive identification.

INITIAL OF AUTHORIZING AGENT(S): \_\_\_\_\_

**TIME OF CREMATION:**

The Crematory is authorized to perform the cremation upon receipt of the Decedent at its discretion and according to its own time schedule, as work permits, without obtaining any further authorization or instructions. If not, please indicate instructions below:

\_\_\_\_\_

**WITNESSING:**

If there are any people authorized to witness the placement of the Decedent's casket or container into the cremation chamber, please provide their name(s):

\_\_\_\_\_  
(NOTE: This must be arrange through the Crematory prior to delivery of the Decedent to the Crematory for cremation)

**MERCHANDISE:**

The Crematory will not accept the remains of the Decedent for cremation unless they are received in a suitable cremation container. Suitable containers are those which are constructed of combustible maters, are able to be closed to provide a complete covering for the human remains, are resistant to leakage and spillage, and provide protection for the health and safety of the Crematory personnel. Many caskets or containers that are comprised primarily of combustible material also contain some exterior parts such as decorative handles, rails, etc. that are not combustible. The Crematory, at its sole discretion, reserves the right to remove these non-combustible materials prior to cremation and to discard them appropriately in a non-recoverable manner. The Crematory reserves the right to accept or reject a container constructed of a non-combustible material. If such a casket or container is delivered to the Crematory, then the Crematory, at its sole discretion, reserves the right to remove the Decedent from the non-combustible container and to then place the Decedent into an alternative combustible container. The non-combustible container will then be destroyed and disposed of in an appropriate and non-recoverable manner.

Type of casket of container selected: \_\_\_\_\_

### **IMPLANTS, PACEMAKERS, PROSTHESES, AND RADIOACTIVE IMPLANTS/THERAPY**

Pacemakers and prostheses, as well as any other mechanical or radioactive devices or implants in the Decedent, may create a hazardous condition when placed in the cremation chamber. It is imperative the pacemakers, radioactive devices, butane filled lighters, and any other mechanical or electronic device that contains electronics and/or batteries (such as a wristwatch, etc.) be removed prior to cremation. The Crematory will be cremate any human remains which contain any electronic or mechanical devices or implant, any radioactive devices or implants, or if the Decedent was previously treated with Strontium-89 (Metastron). If the Funeral Home is not notified about such devices and implants, and not instructed to remove them, the Authorizing Agent(s) will be responsible for any damages caused to the Crematory or to Crematory or to Crematory personnel by such devices implants. Unless otherwise indicated in writing, the Funeral Home is authorized to dispose of such device(s) at its sole discretion in a lawful and non-recoverable manner. I/We understand that due to the nature o the cremation process, all non-mechanical and non-electrical implants and devices that are contained with the Decedent will either be destroyed or non recoverable. **ALL PACEMAKERS AND RADIOACTIVE IMPLANTS MUST BE REMOVED PRIOR TO DELIVERIN THE DECEDENT TO THE CREMATORY.**

**Was the Decedent treated with radioactive therapy? \_\_\_\_\_ YES \_\_\_\_\_ NO**

**If yes, please describe what type of treatment and any implants or devices remaining from treatment:**

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**Does the decedent have any mechanical or electronic devices/implants? \_\_\_\_\_ YES \_\_\_\_\_ NO**

**If yes, please describe what type of devices/implants:**

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### **PERSONAL ITEMS**

It is the policy of the Crematory that they cremation container in which the Decedent is placed will usually not be opened by the Crematory. Any personal items such as jewelry, clothing, body prostheses, dental bridgework, dental gold, and other personal articles that the Authorizing Agent(s) does not wish to be cremated with the Decedent must be removed by the Authorizing Agent(s) or the Funeral Home prior to delivery of the Decedent to the Crematory. I/We understand that any personal items that remain with the Decedent to be cremated may be destroyed and/or will be non recoverable.

### **FINAL DISPOSITION**

After the cremation has taken place, the cremated remains have been processed and the processed cremated remains placed in the designated receptacle, the Crematory will return the cremated remains to the Funeral Home for final disposition, unless instructed otherwise below. The Authorizing Agent(s) hereby authorize the Funeral Home and/ or Crematory to release, deliver, transport, or ship the cremated remains as specified. Please circle one of the following disposition methods.

1. Funeral Home will hold the cremated remains for pickup. The Funeral Home is authorized to release the cremated remains to the following person.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

2. Funeral Home will transport and deliver the cremated remains to the following cemetery for interment/burial in that cemetery.

Cemetery Name: \_\_\_\_\_

3. Funeral Home will deliver the cremated remains to the following person.

Name: \_\_\_\_\_ Address: \_\_\_\_\_

4. Deliver the cremated remains to the U.S. Postal Service for shipment by Registered, Return Receipt mail to the following person/place.

Name: \_\_\_\_\_ Address: \_\_\_\_\_

(I/We, the Authorizing Agent(s) agree to assume all liability that may arise from such shipment, and to indemnify and hold harmless the Crematory and/or Funeral Home for any and all claims that may arise from such shipment.)

5. Other: \_\_\_\_\_

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**NOTE:** Cremation is **NOT** final disposition. The cremation process simply reduces the Decedent's body to cremated remains. Some provision must be made for the final disposition of these cremated remains. Central Cremation Services will hold the cremated remains of the Decedent for a period of thirty (30) days from the date of cremation. In the event the cremated remains remain unclaimed past this period, and no prior arrangement have been made with the Crematory, then the Crematory shall be authorized and directed to arrange for final disposition of these cremated remains in any manner permitted by law. The Authorizing Agent(s) understands that should this occur, the cremated remains of the Decedent may be non-recoverable.

### **CREMATION PROCESS**

All cremations are performed individually. Exceptions are only made in the case of close relatives, and then only with the prior written instructions of the Authorizing Agent(s).

Cremation is performed by placing the Decedent in a casket or other container and then placing the casket or other container into a cremation chamber or retort, where they are subjected to intense heat and flames. During the cremation process, it may be necessary to open the cremation chamber and reposition the Decedent in order to facilitate a complete and through cremation. Through the use of a suitable fuel, incineration of the container and contents is accomplished and all substances are consumed or driven off, except bone fragments (calcium compounds) and metal as the temperature is not sufficient to consume them.

Following a cooling period, the cremated remains, which will normally weigh several pounds in the case of an average size adult, are then swept or raked from the cremation chamber. The Crematory makes a reasonable effort to remove all of the cremated remains from the cremation chamber, but is impossible to remove all of them, as some dust and other residue from the process are always left behind. In addition, while every effort will be made to avoid commingling, inadvertent or incidental commingling of the minute particle of cremated remains from the residue of previous cremations is a possibility. The Authorizing Agent(s) understands and accepts this fact.

After the cremated remains are removed from the cremation chamber, all non-combustible materials (insofar as possible), such as bridgework, and materials from the casket or container, such as hinges, latches, nails, etc., will be separated and removed from the human bone fragments by visible or magnetic selection and will be disposed of by the Crematory with similar materials from other cremation in an appropriate and non-recoverable manner.

When the cremated remains are removed from the cremation chamber, the skeletal remains often contain recognizable bone fragments. Unless otherwise specified, after the bone fragments have been separated from the other material, they will be mechanically processed (pulverized). This process of crushing or grinding may cause indirect commingling of the remains with the residue from the processing of previously cremated remains. These granulate particle of ht unidentifiable dimensions will be virtually unrecognizable as human remains.

After the cremated remains have been processed, they will be placed in the designated urn or container. The Crematory will make a reasonable effort to put all of the cremated remains in the urn or container, with the exception of dust or other residue that may remain on the processing equipment. In the event the urn or container is insufficient to accommodate all of the cremated remains, the excess will be placed in a spate receptacle. The separate receptacle will be kept with the primary receptacle and handled according to the disposition instructions on the Cremation Authorization Form.

Note: In the case of small premature infants and fetuses, there may be no recoverable cremated remains. The Crematory will make a reasonable effort to collect any and all cremated remains but, the possibility does exist that there may be no cremated remains that are recoverable. The Authorizing Agent(s) understand and accept this fact.

### **LIMITATION OF LIABILITY**

As the Authorizing Agent(s), I/We hereby agree to indemnify, defend, and hold harmless the Crematory, Funeral Home, their officers, agents, and employees, of and from any and all claims, demands, causes or cause 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 with this authorization, including the failure to properly identify the decedent or the human remains transmitted to the Crematory, the processing, shipping and final disposition of the Decedent' cremated remains, the failure to take possession of or make proper arrangement for the final disposition of the cremated remains, any damage due to harmful or explodable implants, claims brought by any other person(s) claiming the right to control the disposition of the Decedent or the Decedent's cremated remains, or any other action performed by the Crematory, the Funeral Home, their officers, agents, or employees, pursuant to this authorization, excepting only acts of willful negligence. Furthermore, the obligation of the Crematory shall be limited to the cremation of the Decedent and the disposition of the Decedent's cremation remains as a set forth in the Cremation Authorization Form. I/We agree to indemnify and hold harmless the Funeral Home and the Crematory, their officers, directors, agents and employees from any claim, liability, cost of expense resulting from the Funeral Home's and the Crematory's reliance on or performance consistent with the directions, declarations, representations, authorizations and agreements herein, including but not limited to, any delay in, of damage arising from

transportation of the human remains or cremated remains of the Decedent. NO warranties, express or implied, are made and damage shall be limited to the amount of the cremation fee.

**AUTHORIZATION**

I/We, the Authorizing Agent(s), hereby certify that I/We am/are the closest living next of kin of the Decedent and the I/We am/are related to the Decedent as his/her \_\_\_\_\_, or that I/We otherwise serve

(served) in the capacity of \_\_\_\_\_ to the Decedent, that I/We have charge of the remains of the Decedent and as such possess full legal authority and power, according to the laws of the state of Georgia, to execute the Cremation Authorization Form and to arrange for the cremation and disposition of the cremated remains of the Decedent.

If the legal next of kin or if all persons of the same degree of kinship are not signing below, a written explanation must be completed by the person(s) signing below as the Authorizing Agent(s).

I/We am/are aware of no objections to this cremation by the spouse, any child, parent, or sibling of the Decedent or of any provision of any contract or instruction made by the Decedent.

By executing this Cremation Authorization Form, as Authorizing Agent(s), I/We, the undersigned warrant that all representations and statement contained on this form are true and correct, that these statement were made to induce the Funeral Home and the Crematory to cremate the human remains of the Decedent, and that the undersigned have read and understand all of the provisions on this form.

I/We acknowledge that this is a legal document containing important provisions concerning cremation, which is irreversible and final.

**SIGNATURE OF AUTHORIZING AGENT(S)**

This document is executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

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

Relationship to Decedent: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

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

Relationship to Decedent: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

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

Relationship to Decedent: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

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

Relationship to Decedent: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

**REPRESENTATIONS OF FUNERAL DIRECTOR**

By executing this authorization form as a licensed funeral director and agent/employee of the Funeral Home indicated above, I warrant to the best of my knowledge the following:

1. That our funeral home was responsible for making arrangement with the Authorizing Agent(s) for the cremation of the Decedent and that I have reviewed this authorization form with the Authorization Agent(s).
2. That no member of our funeral home has any knowledge of information that would lead us to believe that any of the answers provided on this form by the Authorizing Agent(s) are incorrect.
3. That the human remains delivered to the Crematory and resented as the human remains specified on this form are in fact the human remains that were identified to our funeral home as the Decedent.
4. That our funeral home obtained all necessary permits authorizing the cremation of the Decedent.
5. That the representations contained above concerning the Decedent's cause of death and regarding any infectious or contagious disease are true.
6. That the representations contained above concerning a pacemaker or any other material or implant or treatment that may be potentially hazardous are true and that such pacemaker, if present, has been remove from the Decedent.
7. That all personal items and/or valuable that the Authorizing Agent(s) have indicated should not be cremated have been removed.
8. That I have personally witnessed the signature(s) above as that/those of the Authorizing Agent(s).

Signature of Licensed Funeral Director A. Frank Smith

SERVICE TOTAL: \_\_\_\_\_

Amount Paid: \_\_\_\_\_ CASH CREDIT CHECK # \_\_\_\_\_

Remaining Balance: \_\_\_\_\_ Date: \_\_\_\_\_

Credit Card #: \_\_\_\_\_

Exp: \_\_\_\_\_ CVV Code: \_\_\_\_\_ Zip Code: \_\_\_\_\_

RECEIPT: Text \_\_\_\_\_ Email \_\_\_\_\_ None \_\_\_\_\_

On \_\_\_\_\_ I picked up the cremains of

\_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

On \_\_\_\_\_ I picked up \_\_\_\_\_ death certificates belonging to

\_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Central Cremation Services 115 G Enterprise Drive Pendergrass, GA 30567  
Office: 706-693-0823 Cell: 678-215-7896 Fax: 706-693-0821  
Email: [afsmithccs@gmail.com](mailto:afsmithccs@gmail.com)



**VRS**  
 Vital Record Solutions  
 P.O. Box: 3445  
 Alpharetta, GA 30023

*Please Print or Type or use PDF Writer*  
**GEORGIA DEATH CERTIFICATE**

<b>Full Legal Name of Deceased:</b>				<b>If Female Maiden Name:</b>	
<b>SEX:</b>	<b>Date of Death:</b>	<b>Social Security Number:</b>		<b>AGE :</b>	<b>Date of Birth:</b>
<b>Place of Birth—City &amp; State:</b>			<b>Residence Address of the Deceased:</b>		
<b>City:</b>	<b>State:</b>	<b>County:</b>	<b>Country :</b>	<b>Zip Code:</b>	<b>Inside City Limits:</b> <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> Unknown
<b>Armed Forces:</b> <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> Unknown		<b>Occupation:</b>		<b>Nature of Occupation:</b>	
<b>Marital Status:</b> <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed		<b>SPOUSE NAME: (If Widowed we require Spouse)</b> <i>If Female—Name/Maiden Prior to first marriage If Divorced NONE</i>		<b>Spouse Female -Maiden Name</b>	
<b>Father's Name</b>		<b>Mother's Name (Maiden Name)</b>		<b>Highest Level of Education:</b>	
<b>Informant's Name</b>		<b>Relationship</b>	<b>Address: (City, State &amp; Zip)</b>		
<b>Hispanic Origin:</b> <input type="checkbox"/> No, not Spanish-Hispanic Latino <input type="checkbox"/> YES Origin		<b>Decedent's Race:</b> <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Other: _____		<i>For Office Use Only</i>	
<b>Method of Disposition:</b> <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State		<i>For Funeral Home Use Only</i> <b>Date of Disposition:</b>		<b>PLACE of DEATH:</b> <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Hospice <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing/Long Term <input type="checkbox"/> Scene/Other	
<b>Place of Disposition: (Complete Address is Required)</b>		<b>County of Death</b>		<b>Coroner/ME Contacted</b>	
Name: Central Cremation Services Address: 115G Enterprise Drive City, State & Zip: Pendergrass GA 30549		<b>Pronounced By:</b>			
		<b>License #</b>		<b>Time of Death:</b>	
<b>No of Certified Copies</b>		<b>Mail to: <input type="checkbox"/> Informant <input type="checkbox"/> FH</b>		<b>Signed By:</b>	
				<b>Phone #</b>	
				<b>Fax #</b>	

**Out of State Funeral Home/Agency**  
 Name:  
 Address:  
 City, State, Zip:  
 Phone:

Fax:

**Other Information/Notes:**

**Funeral Director & No#:** Frank Smith/4941  
**Embalmer & No#:**

*At Present, Certified Death Certificates Are \$25 for the First Copy & \$5 for Each Additional Copy*