

INSTRUCTIONS FOR CREMATION AUTHORIZATION FORM



CREMATION AUTHORIZATION

TAG #

1508 Fourth Street ~ La Grande, Oregon 97850
541-963-5022 Fax: 541-963-2278

I, [print name of authorizer] hereby authorize and direct Loveland Crematory, subject to its rules and regulations to cremate the body of my [relation to decedent] whose name is [print name of decedent]

Upon my oath, and under penalty of perjury, I hereby swear and affirm that to the best of my knowledge there is no other person having a prior right to give this authorization to control the remains of the above named decedent except [leave blank]

who has given me written or telegraphic instructions to sign the authorization. Said instructions are filed with Loveland Crematory, The Funeral Director, or person acting as such, their officers and employees. I (we) agree to hold harmless, from any liability, costs and expenses resulting from this authorization.

I further understand that the cremation process is subject to the following terms and conditions:

- 1.- The body presented to Loveland Crematory is that of the named deceased.
2.- PACEMAKER ALERT: The deceased HAS NOT [initial] been fitted with a heart pacemaker. If the decedent has been fitted with a heart pacemaker, I authorize you to remove the pacemaker and dispose of it in such manner as you determine. [initial] Pacemakers explode and can damage the crematory or harm staff. (please initial in one or other of the circled areas)
3.- Per Loveland Crematory policy, the body is placed in a rigid enclosed container for sanitation purposes. Fiberglass caskets are not acceptable.
4.- All prosthesis (hop joints, surgical pins, etc.) bridgework or similar items, will be discarded after the cremation process is completed. Gold inlays and fillings, rings and jewelry will lose their identity and will also be discarded.
5.- Pulverizing of the cremated remains by crushing and grinding is part of the normal process in preparing the cremated remains. However, some of the products may be recognized as particular bone fragments.
6.- The bulk of the cremated remains will be returned. However, some will be irreclaimable during the processing and containerization.
7.- The amount of processed cremated remains may exceed capacity of urn or temporary container. Excess pulverized cremation remains are placed in a separate container and accompany the primary urn or temporary container when released. Urn should be 200 cubic inches or larger for average adult.
8.- Person(s) authorizing cremation shall at his or her sole expense, agree to defend, hold harmless and indemnify Loveland Crematory, its officers, directors, employees and agents from any claims, liability, suit, cause of action, cost or expense (including, without limitation, reasonable attorney's fees) resulting, in any way, from reliance on but not limited to any delay in or damage from transportation of decedent's body or cremated remains.
9.- If shipment of cremated remains is required, I direct they be shipped via Registered US Mail.

(initial to send remains) or DISPOSITION OF CREMATED REMAINS
[initial] Cremated remains to be sent to: (name of person remains are to be sent to)
Address: (address remains are to be sent to) or
[initial] Cremated remains picked up by: (name of person to pick up remains)

(initial for remains to be picked up) I HEREBY CERTIFY THAT I HAVE READ AND UNDERSTAND THE ABOVE

This Authorization Must be Signed in the Presence of a Funeral Director or in the Presence of a Notary

Signature: (sign in presence of notary)
Print Name: (print name)
Phone: (write in telephone number)
Address: (write in street address or PO Box)
City/State/Zip: (write in city, state, and zip code)
Time/Date Signed: (write in date and time signed)
F. D. Signature

Signature:
Print Name:
Phone:
Address:
City/State/Zip:
Time/Date Signed:
F. D. Signature
NOTARY Signature: (Notary fills out this section)
Print Name:
Phone:
Time/Date Signed:

This authorization must be signed in the presence of a notary. All fields must be filled out and the completed form faxed back to Loveland Funeral Chapel.

FOR NOTARY USE ONLY
(Notary seal goes here)

# CREMATION AUTHORIZATION

TAG # \_\_\_\_\_



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541-963-5022 Fax: 541-963-2278

I, \_\_\_\_\_ hereby authorize and direct **Loveland Crematory**, subject to its rules and regulations to cremate the body of my \_\_\_\_\_ whose name is \_\_\_\_\_  
Upon my oath, and under penalty of perjury, I hereby swear and affirm that to the best of my knowledge there is no other person having a prior right to give this authorization to control the remains of the above named decedent except \_\_\_\_\_ who has given me written or telegraphic instructions to sign the authorization. Said instructions are filed with Loveland Crematory, The Funeral Director, or person acting as such, their officers and employees. I (we) agree to hold harmless, from any liability, costs and expenses resulting from this authorization.

I further understand that the cremation process is subject to the following terms and conditions:

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- 2.- PACEMAKER ALERT: The deceased HAS NOT \_\_\_\_\_ (please initial) been fitted with a heart pacemaker. If the decedent has been fitted with a heart pacemaker, I authorize you to remove the pacemaker and dispose of it in such manner as you determine. \_\_\_\_\_ (please initial) Pacemakers explode and can damage the crematory or harm staff.
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### DISPOSITION OF CREMATED REMAINS

\_\_\_\_\_  
(Initial) Cremated remains to be sent to: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
(Initial) Cremated remains picked up by: \_\_\_\_\_

### I HEREBY CERTIFY THAT I HAVE READ AND UNDERSTAND THE ABOVE

*This Authorization Must be Signed in the Presence of a Funeral Director or in the Presence of a Notary*

Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Time/Date Signed: \_\_\_\_\_  
F. D. Signature \_\_\_\_\_ Print: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Time/Date Signed: \_\_\_\_\_  
F. D. Signature \_\_\_\_\_ Print: \_\_\_\_\_

Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Time/Date Signed: \_\_\_\_\_  
F. D. Signature \_\_\_\_\_ Print: \_\_\_\_\_  
NOTARY Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Time/Date Signed: \_\_\_\_\_

FOR NOTARY USE ONLY