

Elemental Cremation & Burial Cremation Authorization Instructions

Seattle ~ Bellevue
206-357-1141

Page One: Complete the information at the top of the document with the information about the person who will be cremated (decedent). Please include middle name if applicable. If you do not wish to include your complete social security number, please put the last four digits.

Initial the box that applies to your circumstance. If you are self-authorizing your cremation, initial the top box. If you are an agent (such as POA) authorizing for someone else on their instructions, initial the second box. **You will be required to provide documentation proving capacity to authorize cremation.** A medical power of attorney will not be sufficient.

Sign the cremation authorization and indicate your current residential address as well as contact information. Have a witness sign below your signature.

The **WITNESS CANNOT** be a family member. The spouse of an agent is considered by law to be a family member. **Any forms returned with a spouse or other family member's signature as witness will be invalid and returned. This document is not valid without a proper witness signature.**

Page two: If you would like someone to pick them up from the funeral home, initial the top box. Indicate the person(s) that will be authorized to retrieve the remains after the cremation from the funeral home.

If you would prefer the remains to be scattered by a service, initial the second box. Indicate what service will be performing the scattering. Note: There will be extra charges incurred by Elemental, or a third party for this service.

If you want the remains mailed to someone, initial the last box. Indicate where you would like the remains mailed via USPS. Note: Shipping charges will be required for this service.

Sign at the bottom of the page two

Elemental Cremation & Burial
Pre-Death Cremation and Disposition Authorization
AUTHORIZATION TO CREMATE

NAME OF DECEDENT: _____

DATE OF BIRTH: _____ SEX: _____ SSN (Last four): _____

Notice: *This is a legal document that contains important provisions concerning cremation. Please read this entire document carefully before signing. Cremation is an irreversible and final process.*

I/We the undersigned (the "Authorizing agent") hereby authorize and request ELEMENTAL CREMATION & BURIAL to direct New Tacoma Funeral Home (the "Crematory"), their agents and employees, to cremate and process the human remains of the Decedent.

Schedule & Container Requirement The Crematory may perform the cremation upon receipt of the remains, at its discretion, and according to its time schedule, as work permits, without obtaining any further authorization or instructions from me/us. The Crematory requires that the remains be placed in a combustible, leak resistant rigid container for cremation.

I/We state, represent and warrant that I am authorizing a cremation pursuant to RCW 68.50.160 (**Initial one**):

Self-Authorizing *A person has the right to control the disposition of his or her own remains without the predeath or postdeath consent of another person*

POA (must attach Power of Attorney paperwork) *The designated agent of the decedent as directed through a written document signed and dated by the decedent in the presence of a witness. **This document must state that the POA has the right to make arrangements for final disposition of the remains.***

I/We have the right and hereby authorize the cremation of the deceased and the disposition of the cremated remains pursuant to the regulations of the Crematory and the instructions on this form. I am/We are not aware of any living person with a superior right to authorize the cremation of the deceased and I am/we are not aware of any contract or instruction (including any pre-arranged funeral plan) made by the deceased objecting to cremation or providing for disposition other than by cremation. I/We warrant that all representations and statements contained in this form are true and correct. These statements are being relied upon by the Elemental Cremation & Burial and the crematory. I/We hereby state that I/We are the closest living next of kin of the decedent or are otherwise empowered and authorized to execute this authorization according to all state and local laws. I/We are aware of no objection to this cremation by the spouse, any child, parent or sibling of the decedent. I/We have either identified or waived my rights of identification of the human remains that I/we released to ELEMENTAL Cremation & Burial, as the decedent. All personal property, clothing and or valuables have been removed from the remains or I/We hereby order them cremated with the remains, unless otherwise specified. I/We understand that, due to the nature of the cremation process, any personal possessions or valuable materials, such as dental gold or jewelry (as well as body prostheses or dental bridgework); that are left with the decedent and not removed from the casket or container prior to cremation will be destroyed or will otherwise not be recoverable. **All cremations are performed individually.**

I/We hereby agree to indemnify and hold harmless, ELEMENTAL Cremation & Burial, First Cremation Services, their officers, directors, agent and employees, from any claim, liability, cost or expense resulting from their reliance on or performance consistent with the direction, declaration, representation, authorizations and agreements herein, including but not limited to, claims brought by any other persons claiming the right to control the disposition of the decedent or the decedent's cremated remains. By execution, the undersigned warrant(s) that all representations and statements contained herein are true and correct. These statements are being relied on by the Crematory and the undersigned has read and understood the provisions of this document.

IMPORTANT: AGENT/NEAREST NEXT OF KIN MUST SIGN – ADDENDUM provided for additional parties

SIGNATURE: _____

Phone: _____

Email: _____

Witness Signature: _____ Date/Time: _____

Print Name: _____ Relationship: _____ Phone: _____

NOTE: The WITNESS CANNOT be a family member. The spouse of an agent is considered by law to be a family member. **Any forms returned with a spouse or other family member's signature as witness will be invalid and returned.** This document is not valid without a proper witness signature. Delays because of a failure to comply with these instructions will not be the responsibility of Elemental Cremation & Burial or their agents.

**Elemental Cremation & Burial
Cremation and Disposition Authorization
RELEASE OF CREMATED REMAINS**

Disposition of the cremated remains of _____ decedent, shall be made as instructed: (**Select one method** for us to handle the remains after cremation and sign at the bottom of the page)

____ *initial* I wish that the cremated remains to be released to the following person(s):

Print Name: _____ Relationship: _____ Phone: _____

Print Name: _____ Relationship: _____ Phone: _____

To be completed on receipt of cremated remains

I certify that I have received the cremated remains of the above named decedent.

Signature

Print Name

Date & Time

Driver's License or ID # of person receiving remains: _____

I certify that I have received _____ certified copies of the Death Certificate _____
Signature

____ *initial* I have directed the **SCATTERING** of the remains of the above named decedent by Elemental Cremation & Burial at the funeral home's convenience.

____ *initial* Cremated remains will be **MAILED** to the indicated person and address (Note: there is an **ADDITIONAL CHARGE** for mailing remains):

Name _____

Address _____

City, St. Zip _____

By initialing next to the appropriate instructions above and by my signature below I hereby certify that I have the right to direct the disposition of the remains of the above named decedent and authorize the release to those listed above. Additionally, I understand that in the event that the cremated remains remain unclaimed for more than 90 days, I will be contacted by certified mail at the address above. I will have 10 business days to claim the cremated remains or otherwise provide for their disposition. If I do not respond within the stated time period, I hereby authorize Elemental Cremation & Burial to make disposition of the cremated remains in any legal manner and within any time period it deems appropriate. I further understand that 30 days of cremated remains storage will be provided free of charge. Past the initial 30 days I will be charged and agree to pay a \$1.00 per day fee for storage until permanent disposition is made.

SIGN HERE →

SIGNATURE: _____

Print Name

Date