

AUTHORIZATION FOR CREMATION AND DISPOSITION

THIS SPACE FOR CREMATION USE ONLY

Cremation # _____ Cremation Date _____

DECEASED'S NAME _____ (the "DECEASED")

Date and Time of Death _____ Place of Death _____ Sex _____ Age _____

I hereby request and authorize _____ to take possession of and make arrangements for the cremation of the Deceased's remains at **Pearson Cremation Center** **205 N. Sumner** **Creston, IA 50801** ("Crematory").

To induce the Funeral Home and the Crematory to cremate, process and dispose of the Deceased's remains, I, the undersigned, hereby certify, warrant, represent and acknowledge (by initialing items 1-6 below) that:

1. ___ I have the full legal right and authority to authorize the cremation, processing and disposition of the Deceased's remains.
2. ___ I have read and understood the crematory requirements, procedures, and policies contained on the back side of this contract.
3. ___ I have not been denied the opportunity to personally identify the Deceased's remains and assume full responsibility for the identification of the Deceased's remains.
4. ___ I understand that if I wish to remove or retain any item from the Deceased's remains, I must do so directly or by authorized agent prior to the cremation process.
5. ___ I give permission for the funeral home or its duly authorized agent to remove and dispose of any pacemaker or other type of implanted mechanical or radioactive device.
6. ___ I understand that in the event the cremated remains have not been permanently picked up by me or by my designated representative within 120 days from the date of cremation, the Funeral Home is authorized and directed to dispose of the unclaimed remains in any lawful manner.

DISCLOSURES

Are there special instructions? ___ Yes ___ No Describe _____

The Deceased has the following implanted mechanical or radioactive devices and/or prosthetic devices:

At the time of Deceased's death did he have a disease that was infectious, communicable or dangerous to public health?
___ Yes ___ No If yes, please explain. _____

Has the Deceased ever been treated with therapeutic radionuclides? ___ Yes ___ No

If yes, on what date was the treatment administered? _____

Description of urn or container selected _____

Suitable for shipping ___ Yes ___ No

NOTE: In the event the urn or container is insufficient to accommodate all of the cremated remains of the deceased, any excess cremated human remains will be placed in a secondary container and returned to the Funeral Home, together with the primary urn or container.

ORDER FOR DISPOSITION

I authorize the Crematory to cremate and process the Deceased's remains and to return the cremated remains of the Deceased to the possession and custody of the Funeral Home. I understand that the services and obligations of the Crematory shall be fulfilled when the cremated remains of the Deceased are returned to the possession and custody of the Funeral Home.

I hereby authorize the Funeral Home to arrange for the disposition of the cremated remains of the Deceased as follows:

___ Deliver to _____ Cemetery.

Phone: _____ Address _____

___ Release to family member _____

Phone: _____ Address _____

___ Ship via _____

To: Name _____ Address _____

___ Other _____

SIGNATURE AND INDEMNITY

(If the legal next of kin is not signing below, a written statement of explanation must be completed by the person signing below.)

I declare under penalty of perjury that the foregoing information is true and correct, and that I make this statement to induce Funeral Home and Crematory to cremate or cause to be cremated the remains of the Deceased. I agree to hold harmless, indemnify and defend Funeral Home and Crematory against any claims, liabilities, damages, cost or expenses, including attorney fees, which may result from this Authorization and Order, including without limitation claims that arise from or relate to shipping, identity, kinship, explodable or harmful implant, infectious disease, or other persons claiming rights to control disposition of the Deceased's remains.

Witness _____

Witness _____

FOR THE FUNERAL HOME:

Authorized Representative

X _____
Signature of person claiming legal right to control disposition

Printed Name: _____

Relationship: _____

Address: _____

Telephone No. _____

Date: _____