

METROPOLITAN CREMATORY
AUTHORIZATION FOR CREMATION AND DISPOSITION

The undersigned "Authorizing Agent" hereby authorize and request Metropolitan Crematory, in accordance with and subject to its rules and regulations and any applicable state or local laws or regulations, to cremate the remains of:

_____ who died at _____ on the _____ day of _____, 20____ and arrange for the final disposition of the cremated remains as set forth below.

I/We the undersigned, hereby certify that I am the closest next of kin to the decedent and that I am related to the decedent as his/her _____ or that I otherwise serve in the capacity of _____ for the Decedent, that I have charge of the decedent and as such possess full legal authority and power to execute the authorization form and to arrange for the cremation and disposition of the cremated remains of decedent. In addition, I am aware of no objection to this cremation by any spouse, child, parent or sibling.

The remains of the deceased will not be accepted by Metropolitan Crematory without proper identification. Remains received in a noncombustible container will be removed prior to cremation and the container destroyed in a manner as set forth by the Crematory.

The undersigned understands that due to the nature of the cremation process, certain materials, including body prosthesis, dental bridgework, dental fillings or personal articles accompanying the remains will either be destroyed or will not be recoverable. The undersigned certify that all personal effects, including but not limited to, clothing, jewelry, precious metals and other items of a personal nature have been removed prior to the delivery of the remains to Metropolitan Crematory and acknowledge that the Crematory shall not be held responsible for any personal effects received although every attempt is made to account for and identify personal effects. Remains and personal effects are cremated in the manner which they are received.

Cremated remains consist primarily of bone fragments, which are reduced to permit their placement in an urn or other suitable container. The undersigned understand that, even with the exercise of reasonable care and the use of its best efforts, the Crematory may not be able to recover all the particles of the cremated remain of the deceased and some particles may inadvertently commingling of particles of cremated remains either in the cremation chamber or the device used to reduce the cremated remains. Also the Crematory will make all reasonable effort to remove all metallic objects from the cremated remains, but even with reasonable care, some metallic particles may not be removed.

The obligation of the Crematory shall be limited to the cremation of the deceased and the disposition of the cremated remains. As Authorizing Agent, I/We hereby agree to indemnify , defend and hold harmless Metropolitan Crematory, its officers, agents and employees of and from any and all claims, demands, cause of action, and suits of every kind, nature and description, in law and equity including any legal fees, costs, and expenses of litigation, arising as a result of, based upon or connected with this authorization, including failure to properly identify the decedent, the processing, shipping and final disposition of the decedent's cremated remains, any claim brought by another person(s) claiming the right to control the disposition of the decedent or the decedent's cremated remains, or any other action performed by Metropolitan Crematory, its officers, agents, or employees, pursuant to this authorization, excepting only acts of willful negligence.

SIGNATURE OF AUTHORIZING AGENT:

***Note: This is a legal document. It contains important provisions concerning cremation. By executing this Cremation Authorization as Authorizing Agents (s), the undersigned warrant that all representations and statements contained on this authorization are true and correct, that these statements were made to induce Metropolitan Crematory to cremate human remains of the decedent, that the undersigned have all legal rights to make this authorization under current laws of the state in which the authorization is executed and the undersigned have read and understand the provisions on this form**

Legal Signature

Address

Relationship

Name of Funeral Home: _____

Legal Signature

Address

Relationship

Witness for Funeral Home: _____