

Authorization for Cremation

****Please notify the funeral home, before signing this form,
if there is any jewelry you wish to be removed.****

The undersigned hereby certify that they are the closest living legal next of kin of the named deceased, having full legal authority to authorize and direct the cremation, processing and disposition of the cremated remains of the deceased, authorize and direct **Generations Funeral Services** to take possession of and make arrangements for the cremation, processing and disposition of the remains of the deceased, _____.

The undersigned agree to release and hold harmless the Funeral Home and its affiliates, their chosen crematory, its affiliates and their agents and employees from any and all loss, damages, liabilities, claims for relief of causes of action.

No cremation may take place without authorization (including original signature, by facsimile transmission or email signature) from the Authorized Representative(s) of the deceased. The Authorized Representative is, in the following order: 1) spouse 2) children 3) grandchildren 4) parent, 5) brothers and sisters 6) nephews and nieces, 7) grand-nephews and grand-nieces 8) grandparents 9) uncles and aunts 10) cousins. The majority of persons within the same degree of kinship must sign or authorize the cremation in writing by original signature, facsimile or email signature if they are the next closest living next of kin.

***This person does _____ does not _____ have
a pacemaker or other medically implanted battery operated device.***

Estimated weight of the deceased _____ lbs.

***The undersigned agree to pick up the cremated remains from Generations within 2
weeks of cremation, unless other arrangements are made.***

SIGNATURE(S) OF AUTHORIZED REPRESENTATIVE(S) FOR CREMATION AND DISPOSITION

Signature _____ Printed Name _____

Address _____

Phone _____ Relationship _____

Signature _____ Printed Name _____

Address _____

Phone _____ Relationship _____

Signature _____ Printed Name _____

Address _____

Phone _____ Relationship _____

Signature _____ Printed Name _____

Address _____

Phone _____ Relationship _____

Cremated remains received on this date _____ by _____,

Relationship to deceased _____.