



AUTHORIZATION AND ORDER FOR CREMATION

Subject to the rules and regulations of Universal, herein referred to as the Company, or its duly authorized agent, the Company is authorized to take possession of and directed to cremate the remains of:

Deceased Name _____ **Date of Death** _____

This Authorization Form must be completed and signed prior to the cremation. Please read it carefully and ask any questions you may have. *Cremation is an irreversible and final process.* It is important you understand the cremation process described below prior to signing. We want you to fully understand the information provided and are pleased to answer any questions.

PRACTICES FOR CREMATION AND DISPOSITION

Cremation is performed by placing an individual cremation container or prepared casket within the cremation chamber where the temperature is raised to approximately 1,650 degrees Fahrenheit. Upon the completion of the calcine cycle, all substances are consumed or driven off, except bone fragments and other artificial materials. Due to the high heat of the cremation process, materials such as dental gold, silver, etc. are not separate or recoverable. During the cremation process, it may be necessary to open the cremation chamber and reposition the deceased in order to facilitate a complete and thorough cremation. The cremated remains are then taken from the chamber. Any large visible non-bone materials such as prosthetic parts and noncombustible container parts will then be separated from the remains and will be disposed of or recycled at the sole discretion of the Company. The cremated remains are then mechanically pulverized. In the case of a stillborn, there will be few, if any, remains. Once processed, the remains are then encased in a temporary container. In addition, while every effort will be made to avoid commingling, inadvertent or incidental commingling of minute particles of cremated remains from the residue of previous cremations is a possibility, and the Authorized Funeral Representative(s) understands and accepts this fact.

DISCLOSURES AND PERMISSIONS (Initial each)

- 1. _____ I have read and understand Universal practices for each cremation and disposition.
- 2. _____ I have informed the Funeral Director of, and authorized to remove, a pacemaker, any radioactive isotopes (seeds) or any other implant that could be explosive and/or cause damage or injury to the crematory or its personnel. (I have read #2 on reverse side.) Items to remove: _____
- 3. _____ The deceased did / did not have an infectious or contagious disease. If so, identify the disease: _____
- 4. _____ I authorize the Funeral Director to remove the following personal property and effects delivered with the remains of the Decedent _____ prior to cremation. (I have read #4 on reverse side.)
- 5. _____ Positive I.D. of the deceased has been made by: (Initial one. Please print name.)
 _____ The Authorizing Agent (family) has viewed the remains and positively identified them as the body of the Decedent. Name/relationship: _____
 _____ OR
 _____ The Authorizing Agent has relied upon representations made by a personal representative (friend, institution personnel, etc.) who has viewed the remains and positively identified them as the body of the Decedent. Name/Institution: _____
 _____ OR
 _____ The Authorizing Agent has authorized the Funeral Home to photograph the remains and the Authorizing Agent has positively identified the photograph as that of the Decedent.
- 6. _____ Universal will recycle any/all non-combustible materials such as orthopedic implants, dental prosthetics, surgical pins, screws, staples, etc., as mandated by the Federal or State EPA regulations. All financial funds derived from this will be distributed to a charity of Company choice or at the Company's discretion.
- 7. _____ Alternative Container or Casket chosen. (I have read #7 on the reverse side.)
- 8. _____ No Witnessing OR _____ Witnessing (I have read #8 on the reverse side.)

The Company is not responsible for the identification of human remains accompanying this order for cremation, that being the responsibility of the next-of-kin and the Funeral Director.

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

No cremation may take place without the written authorization from the authorized representative(s) of the deceased. I declare the foregoing is true and correct and I give permission as the named Funeral Representative or closest next-of-kin, for Universal to cremate the remains of said deceased. The Right of Disposition Priority shall be as follows: (1) Funeral Representative (2) Spouse (3) Children (4) Grandchildren (5) Parents (6) Grandparents (7) Siblings (8) Any Niece or Nephew (9) Any Aunt, Uncle or Cousin (10) Guardian (11) Personal Representative (12) Special Fiduciary or Special Personal Representative appointed by the Probate Court [Department of Corrections, if incarcerated by the state] (13) County Medical Examiner.

Name _____

Name _____

Address _____

Address _____

City _____ State _____ ZIP _____

City _____ State _____ ZIP _____

SIGNATURE _____

SIGNATURE _____

Relationship _____

Relationship _____

Name _____

Name _____

Address _____

Address _____

City _____ State _____ ZIP _____

City _____ State _____ ZIP _____

SIGNATURE _____

SIGNATURE _____

Relationship _____

Relationship _____

DISPOSITION OF CREMATED REMAINS

The Company's policy is to ship all cremated remains back to the authorized representative.

The funeral home in charge is _____

The Funeral Director in charge is _____

SIGNATURE OF AUTHORIZED REPRESENTATIVE _____ DATE _____

#2. PACEMAKERS, IMPLANTS, AND RADIOACTIVE TREATMENTS

IMPLANTS: Pacemakers, defibrillators, other implanted battery-powered devices may create a hazardous condition when placed in the cremation chamber and subjected to heat. Silicone implants may also damage crematory equipment and adversely impact the recovery and processing of cremated remains. As Authorizing Agent, I have listed in #2 on the reverse side all devices which may have been implanted in or attached to the Decedent. Examples of implanted medical devices include, but are not limited to, the following:

- Pacemakers
- Implantable Cardioverter Defibrillators (ICDs)
- Cardiac Resynchronization Therapy Devices (CRTDs)
- Implantable Drug Pumps
- Neurostimulators (including for pain and functional electrical stimulation)
- Hydrocephalus Programmable Shunts
- Fixion Nails
- Bone Growth Stimulators
- Any other battery powered implant
- Silicone Implants

RADIOACTIVE TREATMENTS: Remains that contain radioactive seeds used in brachytherapy or that have been treated with nuclear medicine may only be safely cremated if sufficient time has elapsed from the time of the latest treatment. Below are a list of treatments and the minimum waiting period between the date of treatment and the date of cremation. Initial the line on the front of this page in Section 2 only if the Decedent has not undergone radioactive treatment or, if the Decedent has undergone a treatment, initial the line if the waiting period for such treatment has expired.

<u>Treatment</u>	<u>Minimum Waiting Period Since Treatment</u>
Iodine-125 Brachytherapy	2 years
Palladium-103 Brachytherapy	3 months
Strontium-89 Injections	1 year
Yttrium-90 Injections	6 weeks
Phosphorus-32 Injections	5 months
Iodine-131 Injections	2 months
Samarium-153 Injections	3 weeks
Lutetium-177 Injections	3 months
Radium-223 Injections	3 months

#4. PERSONAL PROPERTY

All personal property and effects delivered with the remains of the Decedent to Crematory, including jewelry, clothes, hair pieces, dental bridgework, eyeglasses, and shoes, will be destroyed in the cremation process or otherwise discarded by the Crematory, in its sole discretion, unless specific instructions for delivery to Authorizing Agent are given.

#7. CASKET OR ALTERNATIVE CONTAINER

The remains are to be cremated in a combustible casket or alternative container that is capable of being completely closed, is resistant to leakage or spillage, is sufficiently rigid to be handled easily, and provides protection for the health and safety of Crematory and Funeral Home personnel. The Crematory is authorized to inspect the casket or alternative container, including opening it if necessary. In the event that the casket or container does not meet the above requirements, the Crematory will notify the Authorizing Agent. The Company reserves the right to accept or reject a cremation container constructed of noncombustible materials. Many caskets that are comprised primarily of combustible material also contain some exterior parts (decorative handles or rails) that are not combustible and that may cause damage to the cremation equipment. The Crematory, in its discretion, will remove and discard the non-combustible materials. Universal will not accept metal, Styrofoam, or fiberglass caskets. The casket or alternative container will be consumed as part of the cremation process.

#8. WITNESSES

Witnessing a cremation can be an emotional experience. Witnesses are assuming the risks involved and fully release the Funeral Home and Crematory from any liability. To the extent permitted by the Crematory, the persons listed below are authorized to be present in the cremation viewing room prior to and/or during the cremation of the Decedent's remains and/or during the removal of the cremated remains from the cremation chamber. If you desire witnesses, you must initial #8 on the reverse side and list their names below.

LIST OF WITNESSES (up to 10) _____

CERTIFICATION AND INDEMNIFICATION

The Authorizing Agent acknowledges that the Funeral Home and Crematory are relying upon the representations being made by the Authorizing Agent in this authorization. The Authorizing Agent certifies that all of the information and statements contained in the Authorization are accurate and no omissions of any material fact have been made. The Authorizing Agent agrees to indemnify and hold harmless the Funeral Home and the Crematory, their officers, directors, employees and agents from any and all claims, demands, actions, causes of action or suits of any kind or nature whatsoever, including, but not limited to, any legal fees arising out of or resulting from the Funeral Home's and the Crematory's reliance on or performance consistent with the directions, statements, representations and agreements contained in the Authorization.

Date _____	Signature of Authorizing Agent _____
Date _____	Signature of Authorizing Agent _____
Date _____	Signature of Authorizing Agent _____
Date _____	Signature of Authorizing Agent _____
Date _____	Signature of Authorizing Agent _____