



CREMATION AND DISPOSITION AUTHORIZATION

This Authorization Form must be completed and signed prior to the cremation. Please read it carefully and ask us any questions you may have. Cremation is an irreversible and final process. It is important that you understand the cremation process that is described in Section 8 of this Authorization Form prior to signing it. We want you to fully understand the information provided in this Authorization Form, and will answer any questions about the cremation process or the other information in this Form.

COMPLETE INFORMATION

1. IDENTIFICATION OF THE DECEDENT

Name of Decedent: _____ SS: _____

Sex: ☐ Male ☐ Female DOB: _____ County and State of Death: _____

Date of Death: _____ Time: _____

BECAUSE CREMATION IS IRREVERSIBLE, IDENTIFICATION OF THE DECEDENT IS REQUIRED BY ONE OF THE FOLLOWING METHODS:

_____ The Authorizing Agent has viewed the remains and positively identified them as the body of the Decedent.
Initials

OR

_____ The personal representative of the Authorizing Agent has viewed the remains and positively identified
Initials them as the body of the Decedent.

Personal Representative (Name)

(Signature)

OR

_____ The Authorizing Agent has authorized Athens Cremation Services to photograph the remains and the Authorizing
Initials Agent has positively identified the photograph as that of the Decedent.

2. ATHENS CREMATION SERVICES AND CREMATORY

The Authorizing Agent authorizes Athens Cremation Services, 2370 Highway 53 (Hog Mountain Road) Watkinsville, GA, 30677 AND Lord and Stephens Crematory, 4355 Lexington Road, Athens, GA, 30605 (hereinafter referred to as Crematory) to carry out the directions and instructions of the Authorizing Agent contained in this Authorization.

3. IDENTIFICATION OF AUTHORIZING AGENT (List additional Authorizing Agents on page 5)

Name of Authorizing Agent(s): _____

Address: _____

Telephone: _____

Relationship: _____

4. AUTHORITY OF AUTHORIZING AGENT

As Authorizing Agent, I represent that I have the right to authorize the cremation of the Decedent's remains and I am initialing one of the following three statements accordingly:

_____ I certify that I do not have actual knowledge of any living person(s) who has a superior right to act as the Authorizing Agent.
Initials

OR

_____ There is another living person(s) listed below who has a superior or equal right to act as Authorizing Agent. That person(s) has provided me permission to serve as Authorizing Agent.
Initials

OR

_____ There is another living person(s) listed below who has a superior or equal right to act as Authorizing Agent. I have made all reasonable efforts to contact such person(s), but have been unable to do so. I have no reason to believe that such person(s) would object to the cremation of the Decedent's remains.
Initials

Name(s) of Other Persons: _____

5. PACEMAKERS, IMPLANTS, AND PROSTHESES

Pacemakers, radioactive, silicon or other implants, mechanical devices or prostheses may create a hazardous condition when placed in the cremation chamber and subjected to heat. As Authorizing Agent, listed are all devices (including mechanical, prosthetic, implants, or materials), which may have been implanted on or attached to the Decedent.

_____ The remains of the Decedent do not contain any of the Devices described above
Initials

OR

_____ As authorizing agent, I instruct Athens Cremation Services or the Crematory to remove each Device listed below and to charge for its services in making or arranging for such removal. Unless indicated directly below, Athens Cremation Services or the Crematory is to dispose of all such devices.
Initials

Description of Devices to be removed (with serial number) and disposed of: _____

Description of Devices to be returned to Authorizing Agent: _____

6. 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 Athens Cremation Services and the Crematory 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. 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. As Authorizing Agent, I authorize the Crematory, in its discretion, to remove and discard the non-combustible materials. I understand that some crematories will not accept metal or fiberglass caskets. I further understand that the casket or alternative container will be consumed as part of the cremation process.

_____ Casket or Alternative Container Selected: _____
Initials

OR

_____ Alternative Container as provided by Crematory.
Initials

7. WITNESSES

Witnessing a cremation can be an emotional experience. Witnesses are assuming the risks involved and fully release Athens Cremation Services and the Crematory from any liability. To the extent permitted by the Crematory, the persons listed below are authorized to be present at the cremation room prior to and during the cremation of the Decedent's remains and during the removal of the cremated remains from the cremation chamber. If witnessing is selected, all witnesses must be listed below and must sign a liability release form prior to entering the cremation viewing room.

_____ No Witnesses
Initials

OR
_____ Witnesses: _____
Initials

_____ Witnesses: _____

_____ Witnesses: _____

8. THE CREMATION PROCESS

The cremation of the Decedent's remains may take place before or after ceremonies to memorialize the Decedent. Cremation is performed to prepare the remains of the Decedent for final disposition. It is carried out by placing the Decedent's remains in the casket or alternative container, which is then placed into a cremation chamber or retort where they are subjected to intense heat and flame. All cremations are performed individually. During the cremation process, it may be necessary to open the cremation chamber and reposition the remains of the decedent in order to facilitate a complete and thorough cremation. Through the use of suitable fuel, the incineration of the container and its contents is accomplished and all substances are consumed or driven off, except bone fragments (calcium compounds) and metal (including dental gold and silver and other non-human materials) as the temperature is not sufficient to consume them.

Due to the nature of the cremation process, any personal possessions or valuable materials, such as dental gold or jewelry (as well as any body prostheses or dental bridgework) that are left with the remains and not removed from the casket or container prior to cremation may be destroyed or if not destroyed, will be disposed of by the Crematory. The Authorizing Agent understands that arrangements must be made with Athens Cremation Services to remove any such possessions or valuables prior to the time that the remains of the Decedent are transported to the Crematory.

Following a cooling period, the cremated remains, which will normally weigh several pounds in the case of an average-size adult, are then swept or raked from the cremation chamber. Although the Crematory will take reasonable efforts to remove all of the cremated remains from the cremation chamber, it is impossible to remove all of them, as some dust and other residue from the process will be left behind. In addition, while every effort will be made to avoid commingling, inadvertent and incidental commingling of minute particles of cremated remains from the residues of previous cremations is a possibility, and the Authorizing Agent understands and accepts this fact.

After the cremated remains are removed from the cremation chamber, all non-combustible materials such as orthopedic implants, dental prosthetics, surgical pins, screws, casket hardware, etc., will be separated and removed from the bone fragments by visible or magnetic selection. The Crematory is authorized to recycle these metals through Alternative Solutions USA, a 501(c)(3) non-profit crematory recycling program organized and operated exclusively to generate financial support for the Crematory charity of choice. When the cremated remains are removed from the cremation chamber, the skeletal remains often will contain recognizable bone fragments. Unless otherwise specified, after the bone fragments have been separated from the other material, they will be mechanically pulverized. The process of crushing or grinding may cause incidental commingling of the remains with the residue from the processing of previously cremated remains. These granulated particles of unidentifiable dimensions, which are virtually unrecognizable as human remains, will then be placed into a designated container.

9. AUTHORIZATION TO CREMATE, PROCESS AND PULVERIZE

_____ As Authorizing Agent, I have read and understand the description of the cremation process contained in # 8 and
Initials authorize the cremation, processing and pulverization of the remains of the Decedent. I further authorize Athens Cremation Services to deliver the Decedent's remains to the Crematory for the purpose of the cremation.

10. URN OR TEMPORARY CONTAINER

After the cremated remains have been processed, they will be placed in the urn listed on the Authorization or, if an urn is not provided to the Crematory, in a temporary container provided by the Crematory. The Authorizing Agent acknowledges that it is impossible to recover all of the dust and residue from the cremation and processing.

In the case of an adult, it is recommended that the urn or temporary container be a minimum size of 200 cubic inches. In the event the urn or temporary container is insufficient to accommodate all of the cremated remains, the excess will be placed by the Crematory in a secondary container. This secondary container will be kept with the urn or the temporary container and handled according to the final disposition instruction set forth in Section 11 below, provided, however, that the secondary container may not be designed for shipping. All urns or containers provided to Athens Cremation Services or the Crematory must be appropriate for shipping. The Authorizing Agent directs the Crematory to use the specified urn or container listed below.

_____ Urn selected by Authorizing Agent
Initials

OR

_____ Standard temporary shipping container provided by the Crematory
Initials

11. FINAL DISPOSITION

Following the cremation, the Authorizing Agent directs Athens Cremation Services and/or the Crematory to undertake the actions set forth to arrange the final disposition of the cremated remains of the Decedent. If the cremated remains are shipped at any time, the Authorizing Agent directs that the Crematory or Athens Cremation Services utilize registered U.S. mail with a return receipt or a shipping service that uses an internal system for tracing the location of the cremated remains during shipment and requires a signed receipt of the person taking delivery of the cremated remains.

The Authorizing Agent understands that if no arrangements for the final disposition, release or shipment of the cremated remains are made in this Authorization, Athens Cremation Services and/or the Crematory shall notify the Authorizing Agent by first class mail sent to the address listed in Section 3 that the cremated remains are available for release. If the Authorizing Agent does not retrieve the cremated remains or make other arrangements for the delivery or disposition of the cremated remains within sixty (60) days of the date the notice was mailed, then Athens Cremation Services is obligated by Section 31-21-4(b) of the Georgia Code to turn over the unclaimed cremated remains to the coroner to be interred in a plot or niche in a cemetery where indigents are buried.

_____ Deliver to _____ with which arrangements have already been made.
Initials

OR

_____ Deliver or release to:
Initials

Name	Address	Relationship
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OR

Other Disposition

12. PERSONAL PROPERTY

All personal property and effects delivered with the remains of the Decedent to the 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 below.

Items to be delivered to Authorizing Agent

13. VISITATION AND FUNERAL CEREMONIES

Prior to the cremation of the Decedent's remains, the Authorizing Agent or the Decedent's family has arranged for a visitation and/or funeral ceremony as set forth below:

Place of Viewing/Visitation

Date(s)

Time

Place of Service

Date(s)

Time

14. TIME OF CREMATION

_____ The Crematory may perform the cremation of the Decedent's remains at a time and date as its work schedule permits
Initials without any further notification to the Authorizing Agent.

OR

_____ The Crematory is to use its best efforts to schedule the cremation in accordance with the schedule set forth below:
Initials

Date

Time

15. CERTIFICATION AND IDEMNIFICATION

The Authorizing Agent acknowledges that Athens Cremation Services and the 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 Athens Cremation Services 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 Athens Cremation Services and the Crematory's reliance on or performance consistent with the directions, statements, representatives and agreements contained in the Authorization.

Executed at _____ , _____
this _____ day of _____ 20____.

Authorizing Agent (Printed Name)

(Signature)

(Date)

Authorizing Agent (Printed Name)

(Signature)

(Date)

Authorizing Agent (Printed Name)

(Signature)

(Date)

Authorizing Agent (Printed Name)

(Signature)

(Date)

Authorizing Agent (Printed Name)

(Signature)

(Date)

Witness (Printed Name)

(Signature)

(Date)

16. SPECIAL INSTRUCTIONS