

SOUTHERN TIER CREMATORY 46 E. Falconer, St., Falconer, N.Y. 14733 (716) 665-4455

NOTICE: This authorization to cremate is a legal document. Read it carefully before signing.

I/We hereby request and authorize Southern Tier Crematory (hereafter referred to as "the crematory") to cremate, process, package, and dispose as directed the remains of:

Name of Deceased

Age

Sex

Date of Death

(hereafter referred to as "the deceased".) I /we certify that I /we have full power to grant this authorization and in so doing acknowledge and agree to the following terms and conditions:

The cremation, processing, packaging, and disposition of the remains authorized herein shall be performed in accordance with all governing laws; and in accordance with the rules, regulations, and policies of the crematory and funeral home. *Cremation is irreversible and final.* It is accomplished by the application of flame and exposure to high temperatures for prolonged periods of time. The remains of the deceased shall be enclosed in a combustible, rigid and leak proof container. The crematory reserves the right to make final determination as to the combustibility of any container, as well as the right to remove any handles or other noncombustible items attached to the container. The cremation container will be totally and irreversibly destroyed during the cremation process. Certain items, including, but not limited to, dental fillings, bridgework, dentures, and jewelry may be destroyed during the cremation process. If any of these items are recovered from the cremation chamber, they shall be separated from the cremated remains and disposed of by the crematory. Following the cremation process, the cremated remains, consisting primarily of bone fragments, shall be removed from the cremation chamber and be mechanically pulverized to an unidentifiable consistency and placed in an urn or other container as directed. The crematory shall make reasonable effort to recover all particles of the cremated remains from the cremation chamber. However, trace residual amounts of other cremated remains may become co-mingled during the cremation and pulverizing process.

DISPOSITION OF CREMATED REMAINS: (Check or complete as appropriate)

Return to Funeral Home

To be picked up by Funeral Home

Other Arrangements: (Specify) _____

In directing and authorizing this disposition, I /we agree to protect, defend, and hold harmless Southern Tier Crematory, their officers, employees, and agents from any and all claims and demands for liabilities, losses, and/or damages which may be made against them, or any of them, by reason of, or connected with any action taken by them under the above authorization to cremate granted and directed by me/us, whether such claims are or are not groundless, false, or fraudulent. I/we also understand that the funeral director is acting on my/our behalf in completing these arrangements, and that the funeral director is in no way acting as an employee, representative, or agent of the crematory in assisting me/us with the completion of this form or in making arrangements for the cremation herein authorized.

IMPORTANT: Adequate inquires and examination should be made to assure that no pacemaker or any other radioactive device remains in the body. If any such device is implanted, **IT MUST BE REMOVED** prior to delivery to the crematory. The signing of the above authorization assumes liability by the funeral director and/ or the authorizing person(s) for any damage to the crematory chamber or injury to crematory personnel resulting from such a device left in the deceased.

Signature of Funeral Director

Authorizing Signature

Relationship

FUNERAL DIRECTOR: The crematory will rely on the information furnished on this authorization and on the cremation permit. The signing of this authorization will also obligate the funeral home to the same conditions as outlined above. **NO CREMATION WILL BE PERFORMED WITHOUT THE FULL COMPLETION AND SUBMISSION OF THIS AUTHORIZATION.**

Street Address

City-State-Zip Code

Date