



Cremation Authorization

The undersigned authorizes El Encanto Memorial Crematory, Inc. in accordance with and subject to its Rules and Regulations, to cremate the remains of \_\_\_\_\_ who resided at (Street Address) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ and died at \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_

Cremation is the technical heating process that reduces human remains to bone fragments. Therefore, I certify that I have the right to authorize this cremation and the disposition of the cremated remains and that any personal possessions, medical implants or metallic byproducts have either been removed or may be destroyed or disposed of by Crematory. I further agree that I will indemnify and hold harmless the Crematory and Funeral Home from any claims arising therefrom. Disposition by Crematory will be made of the pulverized, cremated human remains in excess of that which the selected urn/receptacle will accommodate, together with medical implants or metallic byproducts unless directed otherwise below.

- A. Type of Container-Urn \_\_\_\_\_ Temporary \_\_\_\_\_ Description \_\_\_\_\_
B. El Encanto Memorial Crematory, Inc. to scatter: Desert \_\_\_\_\_ Mt. Lemmon \_\_\_\_\_ By Air \_\_\_\_\_ Other \_\_\_\_\_
C. To be picked up by \_\_\_\_\_ Date \_\_\_\_\_ Specific Instruction \_\_\_\_\_ Handcarry \_\_\_\_\_ Permit for Cemetery \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_
E. Mail \_\_\_\_\_ The Undersigned hereby authorizes El Encanto Memorial Crematory, Inc. to mail the cremated human remains registered mail/return receipt to: Name \_\_\_\_\_ Address \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_

Undersigned agrees to assume all liability for any damage that may arise from said mailing and to indemnify and hold harmless Crematory and Funeral Home from any and all claims related to said mailing. The Undersigned agree to pay for the charge for handling, wrapping, permit and U.S. postal charges of such delivery. The cremated remains may be sent in any other manner customer directs for a reasonable charge. The crematory will place the cremated remains for mailing or shipment by other means, in a rigid container. Crematory and Funeral Home assume no liability for delivery in good condition. Arrangements

must be made with Adair Funeral Homes, Inc. \_\_\_\_\_ for the final disposition (A.R.S. § 32-1399).

Crematory may dispose of cremated or processed remains in any legal manner agreed to. If the authorizing agent agrees to take possession and does not take possession of the remains within thirty days after cremation or on an agreed date, the Crematory shall send written notice to the last known address of the authorizing agent to take possession. Ninety days after notification, the Crematory may dispose of the cremated or processed remains in any legal manner and the Undersigned shall hold Crematory

NOTICE - MECHANICAL DEVICES (Such as PACEMAKERS) - All DEVICES that could be dangerous when placed in a cremation chamber shall be removed before cremation. Decedent has a device: YES \_\_\_ NO \_\_\_ Unknown \_\_\_.

If a device, medical implant or metallic byproduct exists, I give my authorization for said device to be removed and disposed of by the Crematory or Funeral Home in Charge of arrangements unless I initial here: \_\_\_\_\_

NO CREMATION OF THE BODY MAY TAKE PLACE UNTIL THIS WRITTEN AUTHORITY HAS BEEN GIVEN AND THE PHYSICIAN AND MEDICAL EXAMINER HAVE SIGNED THE DEATH CERTIFICATE AND PERMIT OBTAINED FROM HEALTH DEPARTMENT.

Remains released for Cremation: Date \_\_\_\_\_ Time \_\_\_\_\_ Engraving/Nameplate Yes \_\_\_\_\_ No \_\_\_\_\_ Authorizations Required \_\_\_\_\_

Signed \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone No. \_\_\_\_\_

Counselor \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_ Authorizing Agent