



MONTGOMERY COUNTY CREMATORY

*Providing Distinguished and Affordable Service,
With The Promise of Compassion*

516 FAYETTE STREET CONSHOHOCKEN, PA 19428 610-828-1337

WWW.MONTGOMERYCOUNTYCREMATORY.COM

AUTHORIZATION FOR CREMATION

Name of Deceased: _____ Age: _____

Date of Birth: _____ Date of Death: _____ Male Female

Deceased Residence Address: _____

Place of Death: City, Borough, Township: _____ County: _____ State: _____

I/We agree and certify to the following:

- 1) I/We have identified the human remains that were delivered by the funeral home in charge or by the Montgomery County Crematory, LLC (or MCC on this form) as the decedent or accepted identification used by _____ (nursing home/hospital/hospice authority) and have authorized the funeral home to deliver the deceased to the MCC for cremation.
- 2) The undersigned is /are over the age of eighteen, is the correct next of kin, and/or have the authority to sign and give permission for cremation, and gives permission to cremate at the discretion of the MCC according to its work schedule and hours of operation, without obtaining further authorization or instructions.
- 3) All implanted heart pacemakers, defibrillators, radiation producing devices, or other implanted medical devices that could be explosive or harmful during the cremation process, have been disclosed to the funeral home in charge and/or the MCC and have been or will be removed before delivery for cremation.
- 4) The undersigned agrees to defend, indemnify, and hold harmless the MCC and its representatives for any and all liability whatsoever in performing the cremation and agrees to be liable for any damages to the crematorium or injury to its personnel of any implanted medical device explodes or causes damage.
- 5) The undersigned understands that any valuable material, including dental gold, will be either destroyed or be beyond recovery due to the cremation process. Any personal possessions that are to be cremated with the deceased will not be explosive or harmful to the crematorium or its personnel and will be destroyed in the cremation process.

Limitation of Liability As being the duly authorized person giving permission for cremation, I/We hereby agree to indemnify, defend, and hold harmless the MCC, its officers, agents, and employees, of and from any and all claims, demands, causes or causes of action, and suits of every kind, nature and description, in law or equity, including any legal fees, costs and expenses of litigation, arising as a result of, based upon or connected with this authorization, including the failure to properly identify the decedent transported to the MCC for processing, shipping and final disposition of the decedent's cremated remains, the failure to take possession of or make proper arrangements for the final disposition of the cremated remains, any damage due to harmful or explodable implants, claims brought by any other persons(s) claiming the right to control the disposition of the decedent or the decedent's cremated remains, or any other action performed by the MCC its officers, agents or employee, pursuant to this authorization. The obligation of the MCC shall be limited to the cremation of the decedent and the disposition of the decedent's cremated remains as authorized on this form. No warranties, expressed or implied, are made and total damages are limited whereby in no event shall the total damages amount exceed the amount of the cremation fee paid.

AUTHORIZING SIGNATURE BY PERSON IN CHARGE

I/We, the undersigned, hereby certify that I am the closest living next of kin to the deceased, that I have charge of the remains of the deceased and/or possess full legal authority and power, to execute this authorization form and to arrange to the cremation and disposition of the cremated remains of the deceased. Also, I am aware of no objection to this cremation by any interested party, including spouse, child, parent or sibling.

Signature: _____ Relation: _____ Date: _____

Signature: _____ Relation: _____ Date: _____

Signature: _____ Relation: _____ Date: _____

Witness of Signature: _____ Relation: _____ Date: _____

FUNERAL DIRECTOR STATEMENT

Name and Address of Funeral Home: _____

By executing this authorization form as a licensed funeral director and agent/employee of the Funeral Home indicated above, I warrant to the best of my knowledge the following:

- 1) That our Funeral Home was responsible for making arrangements with the Authorizing Agent(s) for the cremation of the Decedent and that I have reviewed this authorization form with the Authorizing Agent(s).
- 2) That no member of our Funeral Home has any knowledge or information that would lead us to believe that any of the answers provided on this form, by the Authorizing Agent(s), are incorrect.

SIGNATURE OF FUNERAL DIRECTOR: _____ Date: _____

<p>Funeral Home Use Only</p> <p>Name: _____</p> <p>Address: _____</p> <p>Phone: _____</p> <p>Cremated remains will be delivered to the funeral home by MCC staff upon completion of cremation and paperwork, unless other arrangements have been made and agreed upon by MCC and staff.</p>	<p>Crematory Use Only</p> <p>Decedent Received By: _____</p> <p>Date: _____ Time: _____</p> <p>Decedent was delivered in:</p> <p><input type="checkbox"/> Cremation Container <input type="checkbox"/> Casket</p>
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