



FOR OFFICE USE
ONLY

CREMATION ID

CREMATION AUTHORIZATION AND DISPOSITION FORM

Notice: This is a legal document that contains important provisions concerning cremation. Please read this entire document carefully before signing. CREMATION IS IRREVERSIBLE AND A FINAL PROCESS.

NAME OF DECEDENT:

SEX:

AGE:

DATE OF BIRTH:

DATE OF DEATH:

SSN:

I (We), the undersigned _____, hereby authorize and request **Schuster's Crematorium, LLC**,

Authorizing Agent(s)

and its' agents and employees in accordance with and subject to its rules and regulations, and any applicable state/provincial, local laws, or regulations, to cremate and process the human remains of the Decedent.

SCHEDULE AND CONTAINER REQUIREMENTS

The Crematory may perform the cremation upon receipt of the remains, at its discretion, and according to its time schedule, as work permits, without obtaining any further authorization or instructions from its agents. The Crematory requires that the remains be placed in a combustible, leak resistant rigid container for cremation. The Crematory is authorized to dispose of any noncombustible residue, handles or other items attached to any cremation container.

Type of casket or cremation container: [] Cardboard Container [] Particle Board [] Hardwood Casket

Type of Container requested for the cremated remains: [] Plastic/Temporary Urn [] Other: _____

AUTHORIZATION

I hereby state that I am the closest living next of kin of the Decedent or are otherwise empowered and authorized to execute this authorization according to all state and local laws.

I am aware of no objection to this cremation by the spouse, any child, parent or sibling of the Decedent, or of provision of any contract or instructions made by the Decedent.

I have either identified or waived my rights to identify the human remains that I/we released to Schuster’s Crematorium, LLC, as the Decedent. All personal property, clothing, and or valuables have been removed from the remains or I hereby order the properties to be cremated with the remains. I understand that any personal property, clothing or valuables, including dental gold, on or with the body will be destroyed in the cremation process, and therefore will not be recoverable.

I hereby agree to indemnify and hold harmless, Schuster’s Crematorium, LLC, its officers, directors, agent, and employees, from any claim, liability, cost or expense resulting from their reliance on or performance consistent with the direction, declaration, representation, authorizations, and agreements herein, including but not limited to, claims brought by any other persons claiming the right to control the disposition of the Decedent or the Decedent’s cremated remains.

By execution, including initials at appropriate spaces the undersigned warrant(s) that all representations and statements contained herein are true and correct. These statements are being relied on by the Crematory and the undersigned has read and understood the provisions of this document.

DISPOSITION OF CREMATED REMAINS

Unless otherwise instructed in writing by the Authorized Agent, the cremated remains will be delivered to the Authorized Agent or made available to be picked up by the Authorized Agent at the office of Schuster’s Crematorium, LLC.

“Share the Story, Preserve the Memories, Celebrate the Life”

*#139 Castle Coakley * PO Box 2315, Kingshill U.S. Virgin Islands 00851-2315*

*Telephone: (340) 692-URNS (8767) * Email: info@schusterscrematorium.com*



Schuster’s Crematorium, LLC

CREMATION AUTHORIZATION AND DISPOSITION FORM

Decedent: _____

Mechanical Devices and Implants: Mechanical Devices and Implants in the Decedent may create hazardous condition when placed in a cremation chamber subjected to intense heat and direct flames. The Crematory will not cremate any human remains that

contain any mechanical device such as, a defibrillator, cardiac pacemaker, prostheses, and radioactive implants. If such devices are not disclosed, the Authorizing Agent will be liable for damages to the crematory and/or personnel.

I HEREBY CERTIFY THAT THE REMAINS OF THE DECEDENT DOES NOT CONTAIN ANY TYPE OF MECHANICAL OR RADIOACTIVE DEVICE.

INITIAL: _____

Listed below are all implanted, mechanical, radioactive devices or surgical implants that the funeral home is authorized to remove from the remains of the Decedent prior to cremation and to discard or otherwise destroy said items. Please be advised that removal of these items do incur charges paid to the funeral home.

DESCRIPTION: _____

SIGN HERE

SIGNATURE OF AUTHORIZED AGENT: _____

FUNERAL HOME REPRESENTATIVE: _____

CREMATION PROCESS

The human remains of the decedent are placed in a combustible casket or container and delivered to the crematory. **All cremations are performed individually.** The cremation process begins with the placement of the casket/container in the cremation chamber where it is subjected to intense heat and flame reaching temperatures of 1600 to 1800 degrees Fahrenheit. After approximately two and one half hours, all substances are consumed or driven off; except bone fragments (calcium compounds) and metals, as the temperature is not sufficiently high enough to consume them. 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.

Due to the nature of the cremation process, any personal possessions or valuable material, such as dental gold or jewelry (as well as body prostheses or dental bridgework) that are left with the decedent and not removed from the casket or container prior to cremation will be destroyed or will otherwise not be recoverable. The Authorized Agent understands that arrangements must be made with the Funeral Home to remove such possessions or valuables prior to the time that the decedent is transported to the crematory.

Following an appropriate cooling period, the cremated remains are swept and/or raked from the cremation chamber. The Crematory will remove **all** of the cremated remains from the cremation chamber. However, some residual paper ash from the container and dust from the process may be left behind and the Authorizing Agent understands and accepts the fact.

After the cremated remains are removed from the chamber, non-combustible material (bridgework, hinges, latches, screws from the casket container) to which some bone residue will be affixed, is separated and removed from the cremated remains by visible or magnetic means so that only human bone fragments remain and then will be mechanically processed.

After the cremated remains have been processed, they will be placed into the designated urn or temporary container. The Crematory will put **all** of the cremated remains in the urn or container. The Crematory will deliver the cremated remains as directed by the Authorizing Agent.

SIGN HERE

SIGNATURE OF AUTHORIZED AGENT: _____

CREMATORY REPRESENTATIVE: _____