

AUTHORITY TO CREMATE AND ORDER FOR DISPOSITION



Crematory use only CREMATION # _____ CONTRACT # _____

Subject to the rules and regulations of Pacific Cremation Services, herein referred to as the Company, or it's duly authorized agent, you are hereby authorized to take possession of and directed to cremate or cause to be cremated the remains of

_____ (Name) _____ (Date of Death)

DISCLOSURES, WARRANTIES AND PERMISSIONS (INITIAL EACH)

1. _____ I have read and understand the disclosures regarding the cremation process, commingling and casket preparations found on the reverse of this order.
2. _____ I understand that if I wish to remove and/or retain any item from the remains, I must do so directly or by authorized agent prior to the cremation process.
3. _____ I give my express permission for the following:
 - a. The incidental or inadvertent commingling of the cremated remains.
 - b. The processing of the cremated remains, resulting in the incidental commingling of the cremated remains.
 - c. The disposal, by the Company and Crematory, of metal or other non-human material recovered to which may be affixed bone particles other human residue.
4. _____ I have been offered the opportunity to personally identify the remains. Accept _____ Decline _____
5. _____ I have been offered the opportunity to witness the cremation. Accept _____ Decline _____
6. _____ Pacific Cremation Services and Crematory reserves the right to schedule the cremation at their discretion unless any of the following is required to precede the cremation:

Private Autopsy _____ After Identification Viewing _____ Nothing is Preceding the Cremation
7. _____ I understand that in the event the cremated remains have not been permanently interred or picked up by me or my designated representative within 30 days from the date of cremation, the Company is authorized to inter the cremated remains in a common place including the commingling of said remains with other human cremated remains which thereafter are nonrecoverable.
8. _____ Does the deceased have a PACEMAKER, BREAST IMPLANTS or OTHER EXPLODABLE IMPLANTS? YES NO
If yes; I give permission for the Company and Crematory to remove PACEMAKER, BREAST IMPLANTS or OTHER EXPLODABLE IMPLANTS prior to cremation.
9. _____ This cremation will be performed at O'Connor Laguna Hills Crematory, 25301 Alicia Parkway, Laguna Hills, CA 92653, CR #50
 Other _____
10. _____ Was the decedent legally married at the time of death? YES NO
11. _____ Does the decedent have any living children? _____ YES NO If Yes, how many _____
12. _____ Did the deceased appoint an advanced health care agent, or durable power of attorney for health care? YES NO
If Yes, name the first agent _____

ORDER FOR DISPOSITION

CREMATION CONTAINER _____
URN _____

I HEREBY DIRECT AND AUTHORIZE THE RELEASE/DELIVERY/SCATTER AT SEA OR SHIPMENT OF SAID CREMATED REMAINS. (INITIAL ONE)

UNWITNESSED CERTIFIED SCATTER AT SEA

_____ I appoint as my agent, **Pacific Cremation Services**, to scatter said cremated remains off the coast of Orange County at their convenience.

_____ Next of Kin or Duly Authorized Agent to pick up said cremated remains from **Pacific Cremation Services** by appointment only.

_____ Deliver said cremated remains to: _____

_____ I appoint the Company as my agent to make shipment of said cremated remains via U.S. Postage Mail or scheduled air shipment. I am aware that the Company's services have been fully completed when the cremated remains leave the Company and that the Company is only acting as my agent for my accommodation only in carrying out these instructions.

Ship to: _____

SIGNATURE AND INDEMNITY

I Declare under penalty of perjury that the forgoing is true and correct, and that I make this statement to induce Pacific Cremation Services to arrange to cremate or cause to be cremated the remains of said decedent. I agree to hold harmless and indemnify and defend Pacific Cremation Services and Crematory against any claims, liabilities or damages which may result from this authorization and order including shipping, identity, kinship, explodable or harmful implant, infectious disease, other persons claiming rights to control disposition of the remains or any other cause.

 X
Signature of person having legal right to control disposition under California Health & Safety Code Sec. 7100 (see reverse)
Printed Name: _____
Relationship: _____
Address: _____

Phone No: _____

 X
Signature of person having legal right to control disposition under California Health & Safety Code Sec. 7100 (see reverse)
Printed Name _____
Relationship: _____
Address: _____

Phone No: _____

FOR THE COMPANY

DATE: _____ 20 _____