



No. \_\_\_\_\_  
Date \_\_\_\_\_

**AUTHORIZATION FOR CREMATION AND DISPOSITION**

Heartland Cremation & Burial Society requires that this Authorization Form be completed and signed prior to the cremation. **CREMATION IS AN IRREVERSIBLE AND FINAL PROCESS.** It is important that you understand the cremation process that is described in Section 5.B. of this Authorization Form prior to signing it. We want you to fully understand the information provided in this Authorization Form, so we will be pleased to answer any questions about the cremation process or other questions that you may have.

THE AUTHORIZATION IS NOT A CONTRACT FOR CREMATION SERVICES. A SEPARATE CONTRACT OR CONTRACTS WILL BE REQUIRED TO PURCHASE THE SERVICES OF THE FUNERAL HOME AND/OR CREMATORY.

**1. DECEASED INFORMATION**

**A. IDENTIFICATION**

Name of Decedent: \_\_\_\_\_ Date of Death: \_\_\_\_\_ Time: \_\_\_\_\_  
Place of Death: \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_ SS: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**B. ARTIFICIAL DEVICES**

Mechanical devices, artificial implants, pacemakers, and certain nuclear medicine residues may create a hazardous condition when placed in a cremation chamber and subjected to high heat. Please list any Artificial Devices implanted in or attached to Deceased or identify if the Deceased was treated with any Radioactive Materials. Description of Devices: \_\_\_\_\_

\_\_\_\_\_ (Initials) The remains of the Decedent do not contain any of the Devices described in Section 1.A. on the reverse side; **OR**

\_\_\_\_\_ (Initials) As Authorizing Agent, I/we instruct the Funeral Home to remove each Device listed above and to charge for its services in making or arranging for such removal. Unless indicated directly below, the Funeral Home is to dispose of all such Devices. In any manner it sees fit and at any time. Manner of disposal of devices: \_\_\_\_\_

**C. PERSONAL PROPERTY**

All personal property and effects delivered with the remains of the Decedent to the Crematory, including jewelry, clothes, hair pieces, dental bridgework, eyeglasses, and shoes, will be destroyed in the cremation process or otherwise discarded by the Crematory, in its sole discretion, unless specific instructions for delivery are given below. If no specific instructions are given, I/we release the Funeral Home and Crematory from liability for these items.

Items to be delivered to Authorizing Agent or Designee: \_\_\_\_\_

**2. FUNERAL HOME AND CREMATORY**

The Authorizing Agent authorizes the Funeral Home and Crematory set forth below to carry out the directions and instructions of the Authorizing Agent contained in this Authorization.

Name of Funeral Home: Heartland Cremation & Burial Society Address: 6113 Bld 2, Blue Ridge Blvd, Raytown, Missouri 64133

Name of Crematory: Heartland Cremation & Burial Society Address: 6113 Bld 2, Blue Ridge Blvd, Raytown, Missouri 64133

**3. URN**

**A. URN**

An urn to hold the cremated remains may be purchased or provided by the Authorizing Agent but an urn is not required. If an urn is not purchased or provided, the cremated remains will be delivered in a rigid temporary container.

- Urn purchased by Authorizing Agent. Description of urn: \_\_\_\_\_
- Urn purchased by Authorizing Agent. Description of urn: \_\_\_\_\_
- Urn purchased by Authorizing Agent. Description of urn: \_\_\_\_\_
- Urn purchased by Authorizing Agent. Description of urn: \_\_\_\_\_
- Urn purchased by Authorizing Agent. Description of urn: \_\_\_\_\_
- Urn purchased by Authorizing Agent. Description of urn: \_\_\_\_\_
- Urn provided by Authorizing Agent. Description of urn: \_\_\_\_\_
- Standard temporary container provided by Crematory.

**4. WITNESS, SERVICE, AND TIME**

**A. WITNESSING (NOT A VIEWING OF THE DECEASED)**

Heartland Cremation & Burial Society may allow witnessing of the initial cremation process. As authorizing agent I allow:

\_\_\_\_\_ No witnesses; **OR**  
(Initials)

\_\_\_\_\_ \_\_\_\_\_  
(Initials) (List of Witnesses)

**C. SERVICES**

Prior to the cremation of the Decedent's remains, a visitation and/or funeral ceremony was arranged as set forth below:

Date(s): \_\_\_\_\_ Time(s) \_\_\_\_\_ Place of Ceremonies: \_\_\_\_\_

**D. TIME**

The cremation of the Decedent's remains cannot take place until all legal requirements have been fulfilled. If the remains are not embalmed and if the cremation is not to occur immediately upon delivery of the remains to the Crematory, the Crematory will place the remains in a refrigerated facility.

Decedent's remains:  are to be embalmed.  are not to be embalmed.

Please initial one of the following:

\_\_\_\_\_ The Crematory may perform the cremation of the Decedent's remains at a time and date as its work schedule permits and  
(initials) without any further notification to the Authorizing Agent.

**OR**

\_\_\_\_\_ The Crematory is to use its best efforts to schedule the cremation in accordance with the schedule set forth below:  
(initials)

Date: \_\_\_\_\_ Time: \_\_\_\_\_

**5. AUTHORIZATION**

**A. AGENT**

As Authorizing Agent, I/We represent that I/We have the right to authorize the cremation of the Decedent's remains and warrant:

\_\_\_\_\_ (Initials) As Authorizing Agent, I/we have filled in Section 5.A. I/We understand that any living person who meets the qualifications of any level above or equal to the one I/we filled in would have a **superior or equal** right to act as the Authorizing Agent I/We do not have actual knowledge of the existence of any living person who has a **superior or equal** right to act as the Authorizing Agent. I/we specifically agree that if the cremains are left in custody of **Heartland Cremation & Burial Society** for over 30 days, **Heartland Cremation & Burial Society** may make whatever disposition of the cremains it deems appropriate.

Name of Authorizing Agent	Address	Telephone	Relationship*

**B. CREMATION PROCESS**

\_\_\_\_\_ (Initials) As Authorizing Agent, I/we have read and understand the description of the cremation process contained in Section 5.B. on the reverse side and authorize the cremation, processing and pulverization of the remains of the Decedent.

**C. DEATH CERTIFICATE FILING STATUS**

I hereby state upon my oath that prior to the cremation of the above named person that:

- A completed Death Certificate has been filed with the local registrar where the death occurred; or
- Written authorization to cremate the body has been received from the medical examiner/coroner or physician who will be certifying the cause of death.

Signature: \_\_\_\_\_

License Number: \_\_\_\_\_

Time: \_\_\_\_\_

Date: \_\_\_\_\_

**6. FINAL DISPOSITION**

Cremated remains shall only be released, delivered, mailed or disposed of by the Cemetery or Funeral Home in a dignified manner, in accordance with the law, and with the express written consent of the Authorizing Agent.

\_\_\_\_\_  
(Initials) Location will deliver or mail (register-return receipt) the cremated remains to the name and address listed below for:  
 personal disposition,  inurnment,  interment, or  scattering.

\_\_\_\_\_  
(Initials) The cremated remains will be held by Location for pick-up, and Location is authorized to release the cremated remains to name and address listed below:

Name (Designee): \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_

\_\_\_\_\_  
(Initials) Other Method Disposition (Describe): \_\_\_\_\_

**7. CERTIFICATION AND INDEMNIFICATION**

I/We have the right and hereby authorize the cremation of the Deceased and the disposition of the cremated remains pursuant to the regulations of the Crematory and the instructions on this form. I/We agree to release and indemnify the Funeral Home and the Crematory, their officers, directors, agents and employees, from any claim, liability, cost or expense resulting from the Funeral Home's and the Crematory's reliance on or performance consistent with the directions, declarations, representations, authorizations and agreements herein. I/We release the Funeral Home and Crematory from liability for the cremated remains upon delivery to a reputable common carrier. I/We warrant that all representations and statements contained in this form are true and correct. These statements are being relied upon by the Funeral Home and Crematory. I/We have read and understood all pages of this document.

This authorization for cremation and disposition was executed at Heartland Cremation & Burial Society,

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signature of Authorizing Agent: \_\_\_\_\_

Signature of Authorizing Agent: \_\_\_\_\_

Witness\*: \_\_\_\_\_

\*If a Funeral Director witnesses the execution of this Authorization by the Authorizing Agent, the Funeral Director verifies the accuracy of the identity of the Decedent and the representation that a Burial Permit or Burial Transit Permit authorizing the cremation of the Decedent's remains has been obtained.

**8. CERTIFICATE BY FUNERAL HOME UPON TRANSFER OF DECEDENT'S REMAINS TO CREMATORY**

The Funeral Home certifies that the remains being transferred to the custody of the Crematory are those of the Decedent identified in Section 1 hereof and that the Funeral Home, based upon the representations of the Authorizing Agent in Section 5 hereof, has taken reasonable precautions to ensure the removal of any Device listed in Section 1.B. from the Decedent's remains or to render such Device non-hazardous. The Funeral Home also certifies that any items listed in Section 1.C. hereof have been removed from the remains of the Decedent for the purpose of delivery to the Authorizing Agent.

Date: \_\_\_\_\_

FUNERAL HOME  
By: \_\_\_\_\_

**9. RECEIPT OF CREMATED REMAINS**

DO NOT SIGN UNTIL CREMATED REMAINS ARE RELEASED

Name of Funeral Home or Crematory: Heartland Cremation & Burial Society

Printed name(s) of person(s) receiving cremated remains: \_\_\_\_\_

Name of Deceased: \_\_\_\_\_ Date of receipt: \_\_\_\_\_, 20\_\_\_\_\_

Description of urn:

Time of receipt: \_\_\_\_\_ am/pm

I/We acknowledge receipt of the cremated remains of Deceased and assume responsibility for the disposition of the cremated remains.

Printed name of recipient: \_\_\_\_\_ Signature(s): \_\_\_\_\_

Printed name of funeral home representative: \_\_\_\_\_ Signature: \_\_\_\_\_

### **1. B. PACEMAKERS, IMPLANTS AND PROSTHESES**

Pacemakers, radioactive, silicon or other implants, mechanical devices or prostheses may create a hazardous condition when placed in the cremation chamber and subjected to heat. As Authorizing Agent, I have listed in Section 1.B. on the reverse side all devices (including mechanical, prosthetic, implants, or materials), which may have been implanted in or attached to the Decedent.

### **3. A. CASKET OR ALTERNATIVE CONTAINER**

The remains are to be cremated in a combustible casket or alternative container that is capable of being completely closed, is resistant to leakage or spillage, is sufficiently rigid to be handled easily, and provides protection for the health and safety of Crematory and Funeral Home personnel. The Crematory is authorized to inspect the casket or alternative container, including opening it if necessary. In the event that the casket or container does not meet the above requirements, the Crematory will notify the Authorizing Agent. Many caskets that are comprised primarily of combustible material also contain some exterior parts (decorative handles or rails) that are not combustible and that may cause damage to the cremation equipment. As Authorizing Agent, I authorize the Crematory, in its discretion, to remove and discard the non-combustible materials. I understand that some crematories will not accept metal or fiberglass caskets. I further understand that the casket or alternative container will be consumed as part of the cremation process.

### **3. B. URN OR TEMPORARY CONTAINER**

After the cremated remains have been processed, they will be placed in the urn listed on reverse side or, if an urn is not provided to the Crematory, in a temporary container provided by the Crematory. The Authorizing Agent acknowledges that it is impossible to recover all of the dust and residue from the cremation and processing. However, 100% of the cremated remains recovered from the cremation chamber and processing equipment shall be prepared for disposition in the manner directed per the written instructions of the Authorizing Agent.

In the case of an adult, it is recommended that the urn or temporary container be a minimum size of 200 cubic inches. In the event the urn or temporary container is insufficient to accommodate all of the cremated remains, the excess will be placed by the Crematory in a secondary container. This secondary container will be kept with the urn or the temporary container and handled according to the final disposition instruction set forth in Section 6; provided, however, that the secondary container may not be designed for shipping. All urns or containers provided to the Funeral Home or Crematory must be appropriate for shipping. The Authorizing Agent directs the Crematory to use the specified urn or container listed in Section 3.B. on the reverse side.

### **4. A. WITNESSING**

The Authorizing Agent, being advised of their right to witness the placement of the deceased into the cremation chamber, shall accept or decline this offer in writing. Witnessing a cremation can be an emotional experience. Witnesses are assuming the risks involved and fully release the Funeral Home and Crematory from any liability. To the extent permitted by the Crematory, the persons listed on the reverse side are authorized to be present prior to and during the cremation of the Decedent's remains and during the removal of the cremated remains from the cremation chamber. Witnessing of any aspect of the cremation and processing procedure shall be in compliance with all applicable law and any safety regulations. If you desire witnesses, you must initial Section 4.A. on the reverse side, list the witness names, and all witnesses must sign an additional Cremation Witness Acknowledgment. **Witnessing is NOT a viewing.** If you desire a viewing, you may arrange with the funeral home or crematory for services that include preparation of the deceased for viewing.

## **5. B. THE CREMATION PROCESS**

The cremation of the Decedent's remains may take place before or after ceremonies to memorialize the Decedent. Cremation is performed to prepare the remains of the Decedent for final disposition. It is carried out by placing the Decedent's remains in the casket or alternative container, which is then placed into a cremation chamber or retort where they are subjected to intense heat and flame. All cremations are performed individually. During the cremation process, it may be necessary to open the cremation chamber and reposition the remains of the Decedent in order to facilitate a complete and thorough cremation. Through the use of suitable fuel, the incineration of the container and its contents is accomplished and all substances are consumed or driven off, except bone fragments (calcium compounds) and metal (including dental gold and silver and other non-human materials) as the temperature is not sufficient to consume them.

Due to the nature of the cremation process, any personal possessions or valuable materials, such as dental gold or jewelry (as well as any body prostheses or dental bridgework) that are left with the remains and not removed from the casket or container prior to cremation may be destroyed or if not destroyed, will be disposed of by the Crematory. The Authorizing Agent understands that arrangements must be made with the Funeral Home to remove any such possessions or valuables prior to the time that the remains of the Decedent are transported to the Crematory.

Following a cooling period, the cremated remains, which will normally weigh several pounds in the case of an average-size adult, shall be recovered by manual means, such as brushing, and industry-specific mechanical means, in order to retrieve the cremated remains from the cremation chamber. Although the Crematory will take reasonable efforts to remove all of the cremated remains from the cremation chamber, some dust and other residue from the process will be left behind. In addition, while every effort will be made to avoid commingling, inadvertent and incidental commingling of minute particles of cremated remains from the residues of previous cremations is possible. The Authorizing Agent understands and accepts this fact.

After the cremated remains are removed from the cremation chamber, all non-combustible material (insofar as possible) such as hinges, latches, and nails from the container will be separated and removed from the human bone fragments by visible or magnetic selection. Other non-bone fragment foreign material that was part of the deceased prior to cremation and recovered with the cremated remains, such as an internal prosthesis, shall be removed prior to processing so that only human bone fragments will remain. Non-bone fragment foreign material may be commingled with other like material and shall be disposed of in a dignified manner, such as burial in a cemetery, in accordance with all applicable laws. The Crematory is authorized to dispose of these materials with similar materials from other cremations in a non-recoverable manner.

Unless otherwise specified, after the bone fragments have been separated from the other material, they will be mechanically processed, pulverized. The process of crushing or grinding may cause incidental commingling of the remains with the residue from the processing of previously cremated remains. These granulated particles of unidentifiable dimensions, which are virtually unrecognizable as human remains, will then be placed into a designated container.

## **6. FINAL DISPOSITION**

Following the cremation, the Authorizing Agent directs the Crematory and/or Funeral Home to undertake the actions set forth on the reverse side to arrange the final disposition of the cremated remains of the Decedent. Cremated remains shall only be released, delivered, mailed or disposed of by the Cemetery or Funeral Home in a dignified manner, in accordance with the law, and with expressed written consent of the Authorizing Agent. If the cremated remains are shipped at any time, the Authorizing Agent directs that the Crematory or Funeral Home utilize registered U.S. mail with a return receipt or a shipping service that uses an internal system for tracing the location of the cremated remains during shipment and requires a signed receipt of the person taking delivery of the cremated remains.

The Authorizing Agent understands that if no arrangements for the final disposition, release or shipment of the cremated remains are made in this Authorization, the Crematory shall hold the cremated remains for thirty (30) days after cremation. If during that thirty (30) day period the cremated remains are not retrieved by the person designated above to receive them or by the Authorizing Agent, or if arrangements for their final disposition are not made, then the Crematory will return the cremated remains to the Funeral Home or the Authorizing Agent at the address listed in Section 6.

In the alternative, if no arrangements for the final disposition of the cremated remains have been made within sixty (30) days after the cremation and if the Authorizing Agent has not taken delivery of or caused the delivery of the cremated remains, or in the event the arrangements of the final disposition have not been carried out within the sixty (30) day period because of the inaction of a party other than the Crematory or Funeral Home, then the Funeral Home may dispose of the cremated remains in a grave, crypt or niche. The Authorizing Agent shall be liable for the cost of such final disposition in a grave, crypt or niche and shall reimburse the Funeral Home immediately upon receipt of an invoice.