

Cremation Society of Kansas & Missouri

CREMATION AND DISPOSITION AUTHORIZATION

Requirements for Cremation

Cremation Will Take Place **ONLY** after all the following conditions have been met:

1. Any scheduled viewings have been completed.
2. All necessary authorizations required by the family have been obtained, and no objections have been made.
3. All civil and medical authorities have issued all required permits and authorizations.

This Authorization Form must be completed and signed prior to the cremation. Please read it carefully and ask us any questions you may have. Cremation is an irreversible and final process.

THE CREMATION PROCESS

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. Upon completion of the Calcine Cycle all substances are consumed or driven off, except bone fragments (calcium compounds) and metal (including dental gold and silver and other non-human materials). 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 Crematory 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 are then swept or raked from the cremation chamber. The cremated remains will be separated from most metal (including dental gold and silver) and other non-human material to which may be affixed, bone particles or other human residue. These materials will be disposed of in a nonrecoverable manner unless otherwise specified. Although the Crematory will take efforts to remove all of the cremated remains from the cremation chamber insofar as practicable, it is impossible to remove all residue of the cremation process, and some amount of residue necessarily 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 a possibility, and the Authorizing Agent understands and accepts this fact. The cremated remains are then mechanically processed (pulverized).

It is important that you understand the cremation process that is described in 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 the other information in this Form.

____ (Initials of Authorizing Agent) I/We have read the above description of the cremation process and have no further questions about the cremation process and my/our decision to proceed.

Name of Decedent: _____ Date of Death: _____ Time of Death: _____
Place of Death: _____ Sex: M F
Age: ____ DOB: _____ S.S.: _____

Please indicate whether Decedent's cause of death occurred from a disease declared by the Department of Health and Environment to be infectious, contagious, communicable or dangerous to the public health.

Initials of Authorizing Agent: No _____ Yes _____

I/We acknowledge that the funeral home's standard processes includes the capture and storing of the Decedent's finger or thumb print(s) that may be used by the family for creating memorial mementos or other memorialization. A digital print will be stored on a third-party site. I/We understand that if I/we decline the capture of fingerprints of the Decedent, that the Funeral Home cannot later provide fingerprints.

Initials of Authorizing Agent: Decline _____ Accept _____

1. IDENTIFICATION/VIEWING (You must choose one.)

The undersigned has elected **NOT** to physically identify the remains and grants the company permission to proceed at their earliest convenience, upon receipt of all approvals.

Authorizing Agent _____ Date: _____ Time: _____

The undersigned hereby requests to identify or view the deceased. The undersigned further acknowledges that any changes with respect to this option must be presented in writing prior to the cremation process and may result in a delay in scheduling the cremation process.

Authorizing Agent _____ Date: _____ Time: _____

2. WITNESS OF CREMATION (You must choose one.)

Witnessing a cremation can be an emotional experience. Witnesses are assuming the risks involved, and the undersigned authorizing agent and the witnesses fully release the Cremation Society of Kansas & Missouri and the Porter Crematory from any related liability. To the extent permitted by the Crematory, the Crematory **Only allows 10 people** at the viewing window during the initiation of cremation.

NO I/We decline to allow a witnessed cremation.

Initials of Authorizing Agent: _____ **Date:** _____ **Time:** _____

YES **Initials of Authorizing Agent:** _____ **Date:** _____ **Time:** _____

3. PACEMAKERS, IMPLANTS, AND PROSTHESES

Pacemakers, radioactive, other implants, mechanical devices or prostheses (artificial joints-knee, hip, etc.) may create a hazardous condition when placed in the cremation chamber and subjected to heat. As Authorizing Agent, I have listed below (including mechanical, prosthetic, implants, or materials), which may have been implanted in or attached to the Decedent.

Please initial one of the following statements:

_____ **(Initials of Authorizing Agent)** The remains of the Decedent **DOES NOT** contain a pacemaker or any other material or implant that may be potentially hazardous or cause damage to the cremation chamber or the person performing the cremation.

_____ **(Initials of Authorizing Agent)** As Authorizing Agent, I instruct the Crematory to remove (or have removed by a licensed medical/dental professional, as appropriate) any pacemaker or hazardous implants. Unless indicated directly below, the Crematory is to dispose of all such devices, including but not limited to, donation for refurbishment and use by charitable organizations.

The following listed devices are to be removed by an embalmer or licensed medical/dental professional, as appropriate, and returned to the Authorizing Agent: _____

4. RECYCLING OF METAL: Following the cremation process, the Crematory uses its best efforts to remove from the cremated remains non-combustible materials such as dental bridgework, implanted medical devices, and metal hinges, latches and nails from the cremation container. Typically, this non-combustible material is disposed of as waste. However, in the case of certain metals, such as titanium, third party recycling companies will recycle this metal. With the express permission of the authorizing agent, this metal will be sent to a recycling company. The authorizing agent understand that the Crematory is compensated by the third party recycling companies for retrieving the metal and shipping it to the recycling company. All such compensation paid to the Porter Crematory shall be donated to a charitable organization.

AUTHORIZATION ON DISPOSITION OF METAL: Authorizing Agent authorizes the Crematory to take the following action (please place your initials on the option you select):

_____ **(Initials of Authorizing Agent)** **DO NOT** recycle any metal. Instead, dispose of it with the remainder of the noncombustible material.

_____ **(Initials of Authorizing Agent)** **YES** Recycle any metal that is eligible for recycling and dispose of the remaining metal with the remainder of the non-combustible material;

5. ALTERNATIVE CONTAINER

The Crematory **DOES NOT** cremate wood, metal or fiberglass caskets. An alternative container is described as a container that is not a casket and is composed of readily combustible or consumable materials suitable for cremation, 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 personnel. I further understand that the alternative container will be consumed as part of the cremation process.

6. URN OR TEMPORARY CONTAINER

After the cremated remains have been processed, they will be placed in the urn listed here: _____, or, if an urn is not provided to the Crematory, in a temporary container provided by the Crematory. 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 attached to the urn or the first temporary container and handled according to the final disposition instructions provided below.

7. AUTHORIZING AGENT(S)

The following person(s) acknowledge that, based on the representations below, the Cremation Society of Kansas & Missouri reasonably will believe such person(s) is(are) entitled to control final disposition:

- _____ Undersigned is the agent for health care decisions established by a durable power of attorney for health care decisions (if it conveys to the agent the authority to make decisions concerning disposition of decedent's remains) is to be first in order of priority.*
- _____ Undersigned is the surviving spouse of Decedent.
- _____ Undersigned are the surviving children (total # _____) of the decedent who are 18 years of age or older with there being no surviving spouse.
- _____ Undersigned are the surviving parents (total # _____) of the decedent with there being no surviving spouse or adult children.
- _____ Undersigned are the surviving brothers and sisters (total# _____) of the decedent who are 18 years of age or older with there being no surviving spouse, children or parents.
- _____ Undersigned are the surviving grandchildren (total# _____) of the decedent with there being no surviving spouse, children, parents or siblings.
- _____ Undersigned are the surviving grandparents (total# _____) of the decedent with there being no surviving spouse, children, parents, or siblings.
- _____ Undersigned are the surviving next of kin of closest degree to the decedent with there being no surviving spouse, children, parents, siblings, grandchildren or grandparents.
- _____ Undersigned is the Court Appointed Guardian of the person of Decedent.
- _____ Decedent is an indigent or other individual whose final disposition is the responsibility of the state or county, and the undersigned is the public official charged with arranging the final disposition pursuant to Kansas Statutes Annotated 22a-215 and amendments thereto.
- _____ In the absence of any of the above, by order of District Court.

***Durable Power of Attorney must be signed, dated and notarized to be valid and must be presented to the Funeral Director.**

8. AUTHORIZATION TO CREMATE

The undersigned hereby requests and authorizes the Cremation Society of Kansas & Missouri and the Porter Crematory to cremate the remains of Decedent, who is fully identified on page 1 of this Authorization Form. I/We understand that the Crematory is located in Kansas and subject to Kansas law. **I/We represent and attest that we have the right to make such authorization and that all representations contained on this cremation authorization form are accurate. I/We further agree to release, indemnify, and hold harmless the Cremation Society of Kansas & Missouri, Porter Crematory, its affiliates, officers, agents, employees, and assigns harmless from any and all loss, damages, claims, demands, liability of causes of action (including attorney fees and expenses of litigation) in connection with the cremation processing and disposition of the cremated remains as authorized herein. I/WE UNDERSTAND THE CREMATION SOCIETY OF KANSAS & MISSOURI WILL SEEK LEGAL ADVICE AND MAY PURSUE ANY AVAILABLE LEGAL REMEDIES AGAINST THE UNDERSIGNED IF THERE IS ANY FORM OF MISREPRESENTATION OR FRAUD RELATED TO THIS AUTHORIZATION FORM BY ANY AUTHORIZING AGENT.**

Signature of Authorizing Agent: _____

Printed Name of Authorizing Agent _____

Date: _____ Time: _____

Relationship to Decedent: _____

Address: _____ Telephone No.: _____

Funeral Director _____ Date: _____ Time _____

*****If not witnessed in person by the funeral director, this form needs to be signed and accompanied with a copy of a government issued photo ID*****

In the event there are multiple Authorizing Agents, this form needs to be repeated for each Authorizing Agent.

9. ORDER OF DISPOSITION

Return to family or designated representative. ONLY THE PERSON DESIGNATED BELOW WILL RECEIVE THE CREMATED REMAINS. POSITIVE PHOTO IDENTIFICATION MUST BE SHOWN AT THE TIME OF IN-PERSON DELIVERY OR PICK-UP. THERE ARE NO EXCEPTIONS.

_____ (**Initials of Authorizing Agent**) The following person or persons are to receive the cremated remains:

- 1) _____ 2) _____
3) _____ 4) _____

If the cremated remains are to be hand delivered, the following is the complete address for the place of delivery:

If the cremated remains are to be mailed:

_____ (**Initials of Authorizing Agent**) I/we appoint the Cremation Society of Kansas & Missouri as my agent to make shipment of said remains via US Postal Service Priority Mail Express Domestic (We do not mail cremated remains outside of the United States), which will include tracking information and require a signature by the person accepting delivery. I/We am(are) aware that the Cremation Society of Kansas & Missouri's services have been fully completed at the time the cremated remains leave the Cremation Society of Kansas & Missouri's possession, and **I/we release, indemnify, and hold harmless the Cremation Society of Kansas & Missouri and the Porter Crematory from any and all claims arising from or related to such mailing.**

If the cremated remains are to be mailed, the following is the complete Name and address for the place of delivery:

Cremated remains received by:

The above-named person designated to receive Decedent's cremated remains received the cremated remains.

Photo ID verified by _____ Title: _____

Signature of Person Acknowledging Receipt of Cremated Remains: _____

Date: _____ Time: _____