

ATLANTIC CREMATORY, LLC

7221 Grayburn Drive, Suite G, Glen Burnie MD 21061

Cremation Authorization Form

Important: Please be advised that this is a legal document, and contains important provisions concerning cremation. The cremation of human remains is an irreversible and final act. Please read each section of this document carefully before signing.

I have viewed the human remains, and do hereby identify the same to be the body of _____.

(Print Decedent's Name)

I have been provided ample time to assure proper identification prior to execution of this document, and by signing this document, I acknowledge that there is no doubt or question in my mind about this identification. I agree to assume any and all liability from mistaken identification of these human remains and hereby agree to indemnify, defend, and hold **Atlantic Crematory, LLC** and _____ (hereinafter referred to as "*Funeral Home*"), their

(Print Funeral Home Name)

officers, agents, and employees harmless from any and all claims, suits, or actions, including reasonable attorneys fees, arising from this identification.

Relationship / Signature: _____
(Relationship to Decedent) (Printed Name) (Signature)

Address: _____
(Street Address) (City) (State) (Zip Code)

Telephone / Date: _____ **Today's Date:** _____
(Home Telephone Number) (Work or Cell Telephone Number) (Month) (Day) (Year)

Authorization for Cremation

I, _____ hereinafter referred to as "*Authorizing Agent*", herewith represent that I have the legal right to arrange for the disposition of the human remains of _____ (hereinafter referred to as "*Decedent*"), including the cremation of the Decedent's remains. My relationship to the Decedent is _____. Furthermore, I represent that my legal authority to dispose of Decedent's remains is based upon one of the following: (*Initial one of the next four paragraphs.*)

Initial One:

- I represent that I am the one and only person with the legal right to arrange for the cremation of the Decedent (such as surviving spouse, only adult child, only surviving parent, only surviving adult sibling, or only surviving blood relative);
- I represent that I am a member of a class of individuals who have the legal right to arrange for the disposition of Decedent's remains (such as adult children, parents, siblings, grand children, and so on.) and that all of the other members of the same class of individuals have been notified of Decedent's death, or a good faith effort has been made to contact all members of the class. Furthermore, I am aware of no objection by any class member to the cremation of Decedent.
- I represent that I am the Personal Representative of the Estate of the Decedent, and that I have legal right to arrange for the disposition of Decedent's remains. (Please provide Letters of Administration issued by the appropriate Orphan's Court/Register of Wills).
- In the absence of any closer next of kin, I am assuming the responsibility as acting as the Authorizing Agent and have the legal right to arrange for the disposition of Decedent's remains. Furthermore, a good faith effort has been made to contact any and all known next of kin of Decedent to no avail. Additionally, I have no reason to believe that anyone would object to my decisions for disposition of Decedent's remains.

Name / Signature: _____
(Printed Name) (Signature)

Address: _____
(Street Address) (City) (State) (Zip Code)

Telephone / Date: _____ **Today's Date:** _____
(Home Telephone Number) (Work or Cell Telephone Number) (Month) (Day) (Year)

I, the Authorizing Agent, do herewith request and authorize Atlantic Crematory, LLC in accordance with its policies and procedures (a copy of which are attached hereto), and any and all applicable Federal, State, Municipal, County, and/or local Statutes, Regulations or Ordinances, to cremate the human remains of _____ who died on _____ at _____ and to arrange for the disposition of the cremated remains.

(Print Decedent's Name)

(Month) (Day) (Year) (Print Place of Death) (Check One Below)

Pacemakers, Radioactive Devices, and Prosthetics: Authorizing Agent states that the decedent: **does** **does not** have any pacemaker, radioactive device, or other prosthetic implanted. In the event that such devices are implanted, the Authorizing Agent does hereby authorize and direct Funeral Home or Atlantic Crematory, LLC to remove such device prior to cremation.

Disposition of Cremated Remains: After the cremation has completed, the cremated remains will be processed and the processed cremated remains placed in a designated receptacle. Atlantic Crematory, LLC will arrange for the disposition of the cremated remains as follows, and the undersigned Authorizing Agent does hereby direct and authorize Atlantic Crematory, LLC to release, deliver, transport, or ship the cremated remains as specified:

Check One:

- Release cremated remains to the Funeral Home in charge.
- Release cremated remains to the following designated party:

Name / Signature: _____
(Printed Name of Authorizing Agent) (Signature of Authorizing Agent)

Relationship / Date: _____ **Today's Date:** _____
(Print Authorizing Agent's Relationship to the Deceased) (Month) (Day) (Year)

Cremated Remains Received by: _____ **Today's Date:** _____
(Print Name of Designated Party Authorized to Receive Remains) (Signature of Designated Party Authorized to Receive Remains. For use only when cremated remains are received.) (Month) (Day) (Year)

The undersigned *Authorizing Agent* hereby agrees to indemnify, defend, and hold Atlantic Crematory, LLC and Funeral Home, their officers, agents and employees, harmless of and from any and all claims, demands, actions, and suits of every kind, nature and description, in law or equity, including any and all legal fees, costs, attorneys fees, and expenses of litigation arising as a result of, based upon, or connected with this Authorization, including claims brought by any other person(s) claiming the right to control the disposition of the Decedent's remains or Decedent's cremated remains, or any other action performed by Atlantic Crematory, LLC and the Funeral Home, its officers, agents or employees, pursuant to this Authorization, excepting only acts of willful or gross negligence.

Name / Signature: _____
(Printed Name of Authorizing Agent) (Signature of Authorizing Agent)

Please be advised that this is a legal document, and contains important provisions concerning cremation. The cremation of human remains is an irreversible and final act. Please read this document carefully before signing. By executing this Cremation Authorization Form, as the Authorizing Agent, the undersigned does herewith warrant that all representations and statements contained herein are true and correct, that the statements made by the Authorizing Agent were with the intention of inducing Atlantic Crematory, LLC to cremate the human remains of Decedent; that Atlantic Crematory, LLC has reason to rely upon these representations, and that the undersigned has read and understands the provisions of this form.

Req'd. Name and Signature: _____
(Printed Required Name) (Required Signature)

Address: _____
(Street Address) (City) (State) (Zip Code)

Other Signatures: _____
(Other Signature) (Other Signature)

(Other Signature) (Other Signature)

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

- That Funeral Home is responsible for making the arrangements with the Authorizing Agent for the cremation of Decedent's remains, and that I have reviewed this Authorization Form with the Authorizing Agent;
- That no member of Funeral Home has any knowledge or information that would lead it to believe that any of the information and/or representations provided herein by the Authorizing Agent are incorrect or untrue;
- That the human remains delivered to Atlantic Crematory, LLC have represented to be the human remains as identified above or identified in our facilities as the Decedent;
- That Funeral Home obtained all necessary permits required by law authorizing the cremation of Decedent, and those permits are attached hereto; and
- That all applicable Federal, State, County, Municipal, and local Laws, Ordinances, Statutes and Regulations had been complied with in connection with the foregoing.

Licensed Funeral Director: _____
(Printed Name of Licensed Funeral Director) (Licensed Funeral Director Signature) (License Number)

Funeral Home Address: _____
(Street Address) (City) (State) (Zip Code)

IDENTIFICATION

ESTABLISHING LEGAL AUTHORIZATION

AUTHORIZATION FOR CREMATION

LIMITATION OF LIABILITY

WARRANTY OF AUTHORIZING AGENT

REPRESENTATION OF LICENSED FUNERAL DIRECTOR