Smith Funeral Chapel

Smith Funeral Chapel · Eau Claire Memorial Crematory

2222 London Road, Eau Claire, WI 54701 · (715) 832-1141 · www.smithfuneralec.com
Fax: (715) 832-7121

CREMATION AUTHORIZATION

Eau Claire Memorial Crematory Service

I, the undersigned, have the authority and hereby order the Eau Claire Memorial Crematory Service to cremate the remains of _____. I am related to the deceased as _____.

I understand that due to the nature of the cremation process any valuable materials, including dental gold, or noncombustible casket materials, will either be destroyed or not recoverable. Any personal possessions accordingly have either been removed or may be destroyed. I further agree that I will indemnify and hold harmless the crematory and funeral director, their officers and employees from any liability, costs, expenses or claims from this authorization.

I further state that the deceased has not had a heart pacemaker implanted radiation producing implant device nor any other life sustaining device that could be explosive. If such a device exists, I have instructed the funeral director or others to remove it before cremation. I also agree that in the event of my failure to notify the funeral director or any others responsible for the removal of a device, I will be liable for any damages to the crematorium or injury to the crematorium personnel.

It is further agreed that the cremated remains of said decedent, not called for by the below specified individual or funeral director within thirty (30) days from cremation date, gives Eau Claire Memorial Cremation Service the right to dispose of the cremated remains without further notice.

____ I have, personally viewed the remains.

It is requested the following disposition be made of the cremated remains:

____ Deliver to: (Funeral Home) _____

____ Mail to: _____

The undersigned hereby authorizes Eau Claire Memorial Crematory Service to deliver the cremated remains via U.S. Mail and agrees to assume all liability for any damages that may arise from any cause growing out of said delivery and to indemnify and hold harmless the Eau Claire Memorial Crematory Service and the funeral director from any and all claims related to said shipment.

____ Mail to: _____

____ Release to: _____

(Be specific – name of individual or funeral director)

Witness: _____

_____

Funeral Director

Signed: _____

Print signature: _____

Address: _____

City: _____ St: ____ Zip: _____

Date: _____