



# Anders-Detweiler Funeral Home & Crematory

130 East Broad Street  
Souderton, PA 18964  
(215) 723-2300

Number \_\_\_\_\_

## Cremation Authorization Form

***This Cremation Authorization Form must be completed in its entirety for each cremation of human remains prior to the scheduling and/or starting of the cremation process. THIS IS A LEGAL DOCUMENT. READ IT CAREFULLY. Cremation will take place in accordance with all rules and regulations of the crematory and in accordance with all applicable Federal, State, and County laws. We want you to fully understand the information in this form, and we are pleased to answer any questions concerning the contents of this form, the cremation process, or other information that will be helpful to you. This Cremation Authorization Form is not a contract for cremation services. A separate contract or contracts will be required to purchase the services of a funeral home.***

I (We), the undersigned (the "Authorizing Agent(s)"), hereby authorize and request the

Name of Funeral Home: \_\_\_\_\_ Tel #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ (the "Funeral Home"), in accordance with and subject to its rules and regulations, and any applicable state or local laws or regulation, to cremate the human remains of \_\_\_\_\_ (the "Decedent") and to arrange for the return of the cremated remains as set forth on this form.

**Initials of AA:** \_\_\_\_\_

I (We) or our agent have identified the human remains that were delivered to the Funeral Home as the Decedent, and have authorized the Funeral Home to deliver the Decedent to the crematory at \_\_\_\_\_ (the "Crematory") for cremation. (Name and address)

**Initials of AA:** \_\_\_\_\_

The Funeral Home represents to the Crematory that the following documents and statements attached to this Authorization Form are true and correct.

*(Please check each as appropriate)*

\_\_\_\_\_ A signed statement attesting to the identification of the Decedent by the Authorized Agent or a signed statement by their personal representative ("Verification of the Identity of Decedent" form), and

\_\_\_\_\_ A copy of a completed death certificate filed with the local registrar where the death occurred, and

\_\_\_\_\_ The completed Disposition Permit, and

\_\_\_\_\_ Written authorization from the medical examiner/coroner or physician to permit cremation (as needed), and

\_\_\_\_\_ The Decedent does not exceed 450 lbs.

Name of Funeral Director in charge of arrangements: \_\_\_\_\_

Signature of Funeral Director in charge of arrangements: \_\_\_\_\_

License Number of Funeral Director in charge of arrangements: \_\_\_\_\_

### Identification Of Decedent

Name of Decedent: \_\_\_\_\_ Address: \_\_\_\_\_

Date of Death: \_\_\_\_\_ Time of Death: \_\_\_\_\_ Place of Death: \_\_\_\_\_

Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Cremation is irreversible and verification of the identity of the Decedent is required before it can take place. The following method was used for this Form:**  
*(Please check one)*

\_\_\_\_\_ The Authorizing Agent has viewed the remains and positively identified them as the Decedent named above.  
Date & Time: \_\_\_\_\_

\_\_\_\_\_ The designated-in-writing personal representative of the Authorizing Agent has viewed the remains and positively identified them as the Decedent named above.  
Date & Time: \_\_\_\_\_

\_\_\_\_\_ Other (specify in detail) \_\_\_\_\_

**Initials of AA:** \_\_\_\_\_

### Viewings

Cremation may only take place after all viewings have occurred. Prior to the cremation of the Decedent, the Authorizing Agent or Decedent's family acting with consent of the Authorizing Agent has arranged for viewing (public or private) as set below:

Date(s): \_\_\_\_\_ Time(s): \_\_\_\_\_

Place of Viewing(s): \_\_\_\_\_

**Initials of AA:** \_\_\_\_\_

### Time of Cremation

\_\_\_\_\_ The Crematory is authorized to perform the cremation upon receipt of the human remains, at its discretion, and according to its own time schedule, as work permits, without obtaining any further authorization or instructions.

**OR**

\_\_\_\_\_ The Crematory is to use its best efforts to schedule the cremation of the Decedent in accordance with the schedule set forth below; a charge will be made for this service (\$95 to \$295).

Please make efforts to have the cremation take place on \_\_\_\_\_ (day), \_\_\_\_\_ (date), at \_\_\_\_\_ (time).

**Initials of AA:** \_\_\_\_\_

### Pacemakers, Implants, Prostheses, Mechanical Devices, Radioactive Implants, etc.

These and other similar medical devices may create a hazardous condition when placed into a cremation chamber and subjected to heat and direct flame and must be removed prior to making delivery of the Decedent to the Crematory. If the presence of the any such device is not disclosed, Authorizing Agent will be liable for damages to the Crematory and/or Crematory personnel. Please list any of these devices below:

Description:

\_\_\_\_\_ As Authorizing Agent, I (We) instruct the Funeral Home to remove or arrange for the removal of each device listed above as needed for cremation and acknowledges that a charge will be made for services in removing said devices.

**OR**

\_\_\_\_\_ The Decedent does not contain any of the devices/materials described above.

**Initials of AA:** \_\_\_\_\_

### Infectious or Contagious Disease

The undersigned states that the Decedent ( \_\_\_\_\_ ) does OR ( \_\_\_\_\_ ) does not have an infectious or contagious disease. The undersigned acknowledge that if they do not notify the Funeral Home and Crematory about an infectious or contagious disease, the undersigned will be liable for any damages to the Funeral Home and Crematory and/or injury to Funeral Home and/or Crematory personnel.

*Please list below any infectious or contagious diseases present in the Decedent.*

**Initials of AA:** \_\_\_\_\_

**Witnesses**

Witnessing a cremation can be an emotional experience. Witnessing must take place while a licensed funeral director is present. Witnesses assume all risks involved and fully release the Funeral Home and/or Crematory from any liability, claims of mental or emotional distress, loss, harm, or other claims. Witnessing can only take place with the written permission of the Authorizing Agent(s) and may include witnessing the delivery of the Decedent to the Crematory, placing the Decedent in the cremation chamber, and beginning the cremation process. An additional charge will be made by the crematory for this service.

As Authorizing Agent,  
\_\_\_\_\_ I (We) permit witnessing (Please list names and ages of witnesses you permit)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Initials of AA:** \_\_\_\_\_

**The Cremation Process**

Cremation will occur only after all viewings have taken place. Only human remains will be cremated by the Crematory on an individual basis (*Please initial each*)

The Decedent is placed into a casket or container which is then placed into the cremation chamber. Through the use of suitable fuel, the Decedent and the container are subjected to intense heat that exceed 1800°F and direct flame with all contents incinerated with the exception of bone fragments (calcium compounds) and metal (including dental gold or silver and other non-human materials) as the temperature is not sufficient enough to consume these materials. During the cremation process, it may be necessary to open the chamber and reposition the Decedent in order to facilitate a complete and thorough cremation.

**Initials of AA:** \_\_\_\_\_

Due to the nature of the cremation process any personal possessions, either valuable or of a sentimental value, left with the Decedent and not removed from the casket or container prior to the start of cremation will be destroyed or otherwise not be recoverable (this includes such things as body prostheses, dental bndgework, dental gold or silver, jewelry, clothing, photographs, letters, and more) and will be disposed of. The Authorizing Agent understands and agrees that arrangements must be made with the Funeral Home in advance of delivering the Decedent to the Crematory to remove any such possessions or valuables inside the casket or container. Crematory personnel reserves the right to open any casket or container but will not remove any personal possessions inside the casket or container unless it poses a threat to the Crematory equipment or staff. Possessions of the Decedent shall not be removed or disposed of without the express written permission of the Authorizing Agent.

**Initials of AA:** \_\_\_\_\_

Following a cooling period, the cremated remains, which normally weigh several pounds in the case of an average size adult, are collected from the cremation chamber by sweeping and/or raking. The Crematory makes a reasonable effort to remove all of the recoverable cremated remains from the cremation chamber but some dust and other residue from the process will remain in cracks and crevices inside the chamber. In addition, while every effort is made to avoid commingling, inadvertent and incidental commingling of small particles of cremated remains from the residue of previous cremations will occur.

**Initials of AA:** \_\_\_\_\_

After the cremated remains are removed from the cremation chamber, all non-combustible materials (insofar as possible) such as bridgework, prostheses, and materials from the casket or container (hinges, latches, screws, nails, etc.) to which some bone residue will be affixed, will be separated and removed from the human bone fragments by visible or magnetic selection and disposed of and/or recycled per CANA standards by the Crematory with similar materials from other cremations in a non-recoverable manner so that only human bone fragments will remain. Foreign materials removed may be commingled with other like material and shall be disposed of by the Crematory.

**Initials of AA:** \_\_\_\_\_

**The Cremation Process (continued)**

When the cremated remains are removed from the cremation chamber, the skeletal remains often contain recognizable bone fragments. Unless otherwise specified by the Authorizing Agent, after the bone fragments have been separated from the other material, they will be mechanically pulverized. This includes a process of crushing and grinding the skeletal fragments into granulated particles of unidentifiable dimensions that renders them unrecognizable as human remains. This process may also cause inadvertent and incidental commingling of the remains from the processing of previously cremated and pulverized remains. When completed, the pulverized cremated remains will be placed into a container and returned to the Funeral Home

**Initials of AA:** \_\_\_\_\_

As Authorizing Agent, I have read and understand the description of the cremation process, have had ample time to ask questions, and hereby authorize the Funeral Home to deliver the Decedent to the Crematory for the purpose of cremation.

**Signature of Authorizing Agent(s):** \_\_\_\_\_

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

**Casket or Approved Container**

Each Decedent to be cremated shall be delivered to the Crematory in a cremation container composed of a combustible material, resistant to the escape of bodily fluids, be sufficient for handling with care, and further, the Crematory requires the container to be completely closed, of rigid construction for handling, that provides protection for the health and safety of Funeral Home and Crematory personnel while respecting the privacy of the deceased. The Crematory is authorized to inspect the casket or container. Any container not meeting the above requirements or that poses a hazard will be refused by the Crematory. Some caskets or containers that contain exterior decorative parts (handles, rails, etc.) that are not combustible may cause damage to the cremation equipment. The Authorizing Agent hereby instructs the Crematory, in its discretion, to remove and discard non-combustible parts from the casket or container. The Crematory does not accept metal, fiberglass, or plastic caskets or containers for cremation. As Authorizing Agent(s), I understand that the casket and combustible parts of the container will be totally consumed as part of the cremation process.

**Description of container:** \_\_\_\_\_

**Provided by:** \_\_\_\_\_ **Funeral Home** \_\_\_\_\_ **Authorizing Agent** **Initials of AA:** \_\_\_\_\_

**Urns or Approved Container**

After the cremation process is completed, the Crematory will place the cremated remains into a container. For the average size adult, this must accommodate a range of 200-250 cubic inches. In the event the container is of insufficient size to accommodate all of the cremated remains, the excess remains will be placed in another separate receptacle and will be kept with the primary receptacle and handled according to the "Arrangements After Cremation" instructions listed below. The Authorizing Agent specifies the following container to be used:

**Description of container or urn:** \_\_\_\_\_

**Provided by:** \_\_\_\_\_ **Funeral Home** \_\_\_\_\_ **Crematory** \_\_\_\_\_ **Authorizing Agent** **Initials of AA:** \_\_\_\_\_

**Arrangements After Cremation**

After the cremation has taken place, the cremated remains have been processed, and the processed cremated remains have been placed in the designated receptacle, the Funeral Home will arrange for the release of the cremated remains as follows, and the Authorizing Agent(s) hereby authorize the Crematory to release, deliver, transport, or ship the cremated remains as specified.

**Check one of the following:**

1. \_\_\_\_\_ Release the cremated remains to the possession and custody of the Funeral Home within 10 days I(We) understand that the services and obligations of the Crematory shall be fulfilled when the cremated remains of the Decedent are returned to the possession and custody of the Funeral Home.

2. \_\_\_\_\_ Deliver **or** Release (circle one) the cremated remains to the following designated person:

Name \_\_\_\_\_ Address \_\_\_\_\_

Relationship \_\_\_\_\_

**Initials of AA:** \_\_\_\_\_

**Note: Photo ID will be required before cremated remains are released to any designated person or persons.**

3 \_\_\_\_\_ Deliver the cremated remains to the U.S. Postal Service for shipment by Registered mail to \_\_\_\_\_ for permanent disposition.  
(Attach copy of receipt to this form)

I (We) agree to assume all the liability from handling and shipment and to indemnify and hold the Crematory and the Funeral Home listed above harmless from any and all claims that may arise from items 2 & 3 from handling and shipment.

Initials of AA: \_\_\_\_\_

If the completed cremated remains have not been claimed within 60 (120 if veteran) days of the cremation, then the Crematory and/or the Funeral Home shall be authorized to arrange for the permanent disposition of the cremated remains in any matter permitted by law without further notice of authorization

Initials of AA: \_\_\_\_\_

**Authority of Authorizing Agent**

I (We) hereby certify that the Decedent left the following heirs at law:

Spouse Yes  No  Name \_\_\_\_\_

Children Yes  No  How many? \_\_\_\_\_ Name(s) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parents Yes No Name(s) \_\_\_\_\_

Siblings Yes No How many? \_\_\_\_\_ Name(s) \_\_\_\_\_

If none of the above survive the Decedent, the person(s) in the next degree of kinship to the Decedent is (are):

*If the legal next of kin or if all persons of the same degree are not signing below, a written explanation must be completed by the person(s) signing below as Authorizing Agent(s) Separate authorization(s), if necessary, shall be attached to, and considered part of, this form*

Therefore, I(we), the undersigned, hereby certify that I am the closest living next of kin of the Decedent and that I am related to the Decedent as his/her \_\_\_\_\_ or that I otherwise serve(d) in the capacity of \_\_\_\_\_ to the Decedent, that I have charge of the remains of the Decedent and as such

possess full legal authority and power, according to the laws of the state of \_\_\_\_\_, to execute the authorization form and to arrange for the cremation and disposition of the cremated remains of the Decedent In addition, I am aware of no objection to this cremation by anyone with the primary right of disposition.

Initials of AA: \_\_\_\_\_

**Limitation of Liability**

As the Authorizing Agent(s), I (we) hereby state that the information and statements made by me are true and correct with no omissions and agree to indemnify, defend, and hold harmless the Funeral Home and/or Crematory, their officers, agents and employees, of and from any and all claims, demands, causes or causes of action, and suits of every kind, nature and description, in law and equity, including any legal fees, costs and expenses of litigation, arising as a result of, based upon or connected with this authorization, including the failure to properly identify the Decedent or the human remains transmitted to the Crematory, the processing, shipping, and final arrangements of the Decedent's cremated remains, the failure to take possession or make proper arrangements for the final arrangements of the cremated remains, any damage due to harmful or explodable implants, claims brought by any other person(s) claiming the right to control the disposition of the Decedent or the Decedent's cremated remains, or any other action performed by the Funeral Home and/or Crematory, it officers, agents, or employees, pursuant to this authorization, excepting only acts of willful negligence. The obligations of the Crematory shall be limited to the cremation of the Decedent and the disposition of the Decedent's cremated remains as authorized on the Cremation Authorization Form. NO WARRANTIES EXPRESS OR IMPLIED ARE MADE AND DAMAGES SHALL BE LIMITED TO THE AMOUNT OF THE CREMATION FEE PAID.

**Initials of AA:**

**Signature of Authorizing Agent(s)**

***This is a legal document. It contains important provisions concerning cremation. Cremation is irreversible and final. Read this document carefully.***

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

Name \_\_\_\_\_ Signature \_\_\_\_\_

Relationship to Decedent \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_

Relationship to Decedent \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_

Relationship to Decedent \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_

Relationship to Decedent \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_

Relationship to Decedent \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_

Relationship to Decedent \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
Signature of Funeral Directors as Witness for Signature(s) of  
Authorizing Agents

\_\_\_\_\_  
Name of Funeral Home

### Representations of Funeral Director

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

1. That our Funeral Home was responsible for making arrangements with the Authorizing Agent(s) for the cremation of the Decedent and that I have reviewed this authorization form with the Authorizing Agent(s).
2. That no member of our Funeral Home has any knowledge or information that would lead us to believe that any of the answers provided on this form, by the Authorizing Agent(s), are incorrect.
3. That the human remains delivered to the Crematory and represented as the human remains specified on this form are in fact the human remains that were identified to our Funeral Home as the Decedent.
4. That our Funeral Home obtained all necessary permits authorizing the cremation of the Decedent and that those permits are attached.
5. That the representations contained above concerning the Decedent's cause of death and regarding any infectious or contagious diseases are true.
6. That the representations contained above concerning a pacemaker and any other material or implant that may be potentially hazardous are true.

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Signature of Licensed Funeral Director in charge of arrangements

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Name of Decedent

*A faxed copy of this signed authorization that has been notarized shall be considered as effective and valid as the original. The original copy must then be supplied to the Crematory*

*Any pages attached to this form will be considered legal, valid, and binding as though it were on the form itself.*

*When not in operation due to maintenance or other reasons, the Crematory reserves the right to contract with another Pennsylvania crematory to perform the cremation.*