

Larry's Livery Service  
Seidl Family Services  
Appleton Wisconsin  
Phone : (920) 739-6289

Cremation Number : \_\_\_\_\_  
Cremation Date : \_\_\_\_\_  
Crematory Operator : \_\_\_\_\_

### CREMATION AUTHORIZATION

The undersigned hereby authorizes and requests \_\_\_\_\_ Crematory in accordance with and subject to its Rules and Regulations, and any applicable state or local laws or regulations, to cremate the human remains of:

\_\_\_\_\_ and agrees to be responsible for and pay all charges incurred with respect to this authorization.

Date of Death \_\_\_\_\_ Time of Death \_\_\_\_\_ Age \_\_\_\_\_

The funeral director in charge is \_\_\_\_\_ for \_\_\_\_\_ Funeral Home.

I certify that to the best of my knowledge the death **(was) (was not)** due to infectious or contagious disease. I understand that if I do not notify the crematory about death by infectious disease, I will be liable for any damages to the crematory or injured crematory personnel.

I certify that the deceased **(does) (does not)** have a pacemaker(s) or radioactive producing device or other life sustaining device implanted that could be explosive. If such device(s) exist, I have notified and instructed the funeral director or others to remove it prior to cremation. I also agree that in the event of my failure to notify the funeral director or crematory personnel, I will be financially liable for any damages to the crematory or injury to the crematory personnel.

I certify that I have identified the body of the above named deceased and assume all responsibility and/or liability of anyone far mistaken identity. The undersigned does hereby agree to indemnify and hold harmless The Crematory, Funeral Home, their officers, agents and employees from any claims or causes of action, including a reasonable attorney's fee for the defense thereof arising out of their act of identification or failure to identify.

Items/Jewelry to be Cremated: \_\_\_\_\_

Items/Jewelry to be removed: \_\_\_\_\_

Disposition for Cremated Remains:

- Deliver the cremated remains to the \_\_\_\_\_ Cemetery.
- Release Cremated Remains to: \_\_\_\_\_
- Mail Cremated Remains to: Name \_\_\_\_\_ Address \_\_\_\_\_  
The undersigned hereby authorizes the crematory to deliver the cremated remains
- Hold the cremated remains at the \_\_\_\_\_ Funeral Home for a period of \_\_\_\_\_ Days.  
If the cremated remains are not called for within sixty (60) Days of this date, the crematory or the funeral home reserves the right to scatter the cremated remains at an undesignated time and place.

I 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 in the capacity of \_\_\_\_\_ to the decedent, and have full legal authority to execute this document. I also state that I am not aware of any living spouse, child, parent or sibling who would oppose the cremation of the deceased. I further agree to indemnify and hold harmless the crematory, funeral director, funeral home, their officers, directors and employees from any liability, costs, expenses or claims resulting from this authorization.

I hereby agree to indemnify, defend, and hold harmless The Crematory, its officers, agents and employees, of and from any and all claims, demands, causes and causes of action, and suits of every kind, nature and description, in law or equity, including any legal fees, costs 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 or the decedent's cremated remains or any other action performed by The Crematory, its officers, agents, or employees, pursuant to this authorization, excepting only acts of willful negligence.

After the cremation process is completed, I understand that the above stated crematory has the authority to have any recoverable metal sent to a refinery and any monetary benefit from the recoverable metal will be donated to charitable organizations at the discretion of the crematory. (Over )

A funeral service, visitation or viewing is planned for (if applicable): Date \_\_\_\_\_ Time \_\_\_\_\_

**THIS IS A LEGAL DOCUMENT. IT CONTAINS IMPORTANT PROVISIONS CONCERNING CREMATION. CREMATION IS IRREVERSIBLE AND FINAL. READ THIS DOCUMENT CAREFULLY BEFORE SIGNING.**

By executing this Cremation Authorization form, as Authorizing Agent(s), the undersigning warrants that all representations and statements contained on this form are true and correct, and that the undersigned have read and understand the provisions contained on this form.

Signed: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

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

Signed: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

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

Signed: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

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

Signed: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

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

Signed: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

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

Signed: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

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

Funeral Director Signature: \_\_\_\_\_

Funeral Home Name: \_\_\_\_\_

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

Facsimile and email transmission of a signed copy of this document shall in all respects be treated as an original document and the signature of any part shall be considered an original signature,