

Authority to Cremate, Pulverize and Dispose

This agreement made on _____, by and between Cremation Society of Oklahoma and _____, as legal representative for the family of _____.

The company agrees to reduce the body of _____ by fire, and place such skeletal remains in a suitable container or urn as designated by the legal representative(s). Type of urn/container _____. Items to be removed _____.

The cremation, processing, and disposition of the remains of the Deceased authorized here in shall be performed in accordance with all governing laws, the rules, regulations, and policies of the Crematory and Cremation Company, and the following terms and conditions:

I request that the following disposition be made of the cremated remains:

- A. I certify that I have consulted with all others having authority over the body of the deceased and that I have been provided with the right to authorize this cremation, the disposition of personal effects of the deceased, and this disposition of the cremated remains. I understand that due to the nature of the cremation process any valuable material, including but not limited to, dental gold or silver, jewelry and other items worn by or attached to the body of the deceased will be destroyed. I have removed any such personal possessions or effects of value from the body of the deceased and any remaining items may be destroyed.
- B. Mechanical or radioactive devices implanted in the remains of the Deceased (such as pacemakers etc.) may create a hazard when placed in the cremation chamber. The Crematory will not cremate any human remains which contain any type of implanted mechanical or radioactive device. In the event the remains of the Deceased contain such a device, I/we hereby authorize the Cremation Company and its agents and employees to remove any such mechanical devices from the remains of the Deceased prior to cremation, and dispose of as indicated. If no specific instruction for disposition is given, such items may be disposed of at the discretion of the Cremation Company.
- C. In the event the remains of the Deceased are received by the Crematory in a casket or other container constructed of metal, fiberglass, or other noncombustible materials, I/we authorize the remains of the Deceased to be removed prior to cremation and placed in a combustible cremation container. I/we further authorize the Cremation Company to make disposition of any such noncombustible casket in any lawful manner it deems appropriate. I understand that cremated remains are bone fragments which will be reduced in size and placed in an urn. Urns provided by the crematory are sufficient in size for all cremated remains. In the event that the capacity of the urn I selected elsewhere is less than the amount of the cremated remains, the Crematory is hereby authorized to return said cremated remains in a temporary container.
- D. I full agree to indemnify and hold harmless the cremation company and the funeral director in charge, the employees and representatives of each, from any and all actions, damages, liability, costs, expenses, attorney fees, or claims resulting from the authorizations I provide and the facts I represent herein.
- E. No cremation shall take place until authority has been received from the Medical Examiner or his agents.

- Release cremated remains to _____
- Mail to: _____

I authorize the Crematory to mail the cremated remains via Registered Mail with attached Return Receipt, and agree to assume all liability for any damages that may arise from any cause growing out of said mailing, and to indemnify and hold harmless the Crematory, the Funeral Director in Charge, and the employees and representatives of each from any and all claims, actions, damages or liability related to said mailing. I agree to pay all charges for such delivery or mailing in the amount of \$_____.

Hold cremated remains in the Crematory's holding facility to be picked up by me or my authorized representative within 10 days. If the cremated remains are not transferred from the crematory to an authorized representative within 60 days, employees or representatives of the crematory then have the authority to make the disposition of their choice and be held harmless of and from any and all claims, actions, damages or liability in connection with such disposition. I give authority to release the cremated remains to the following, as my authorized representative(s):

Address _____
Relationship to deceased _____
Signature _____ Witness _____

NOTES:

(800) 994-7337 | TulsaCremation.com

2103 E 3rd Street
Suite 101
Tulsa, OK 74104
(918) 599-7337



9120 S Toledo Avenue
Suite 100
Tulsa, OK 74137
(918) 499-8787