



4671 S. Main Street
Acworth, GA 30101
(678) 574-3016
www.GeorgiaFuneralCare.com

AUTHORIZATION FOR CREMATION AND DISPOSITION

THIS SPACE FOR CREMATION USE ONLY

DOB: Social Security Number: Cremation Date:

DECEASED'S NAME: (the "DECEASED")
Date & Time of Death: Place of Death: Sex: Age:
I hereby request and authorize to take possession of and make arrangements for the Cremation of the Deceased's remains at Lakeside FH & Crematory for GFC&CS. To induce the Funeral Home and the Crematory to cremate, process, and dispose of Deceased's remains I, the undersigned, hereby certify, warrant, represent and acknowledge (by initializing items 1-6 below) that:

- 1. I have the full legal right and authority to authorize the cremation, processing and disposition of the Deceased's remains.
2. I have read and understood the crematory requirements, procedures, and policies contained on the reverse side of this contract.
3. I have personally identified the Deceased's remains and assume full responsibility for the identification of the Deceased's remains. Identity Waived
4. I understand that if I wish to remove or retain any item from the Deceased's remains, I must do so directly or by authorized agent prior to the cremation process. Attach a signed Authorization and Release of Personal Items form if items of value are with Deceased.
5. I give permission for the funeral home or its duly authorized agent to remove and dispose of any pacemaker or other type of implanted mechanical or radioactive device.
6. I understand that in the event for the cremated remains have not been permanently picked up by me or my designated representative within 90 days from the date of the cremation, the Funeral Home is authorized and directed to dispose of the unclaimed remains as stated in GA Code 31-21-7

DISCLOSURES

Are there any special instructions? Yes No

The Deceased has the following implanted mechanical or radioactive devices and/or prosthetic devices:

Funeral Home Must Remove Pace Maker

At the time of the Deceased's death did he/she have a disease that was infectious, communicable or dangerous to public health? Yes No

If yes, please explain:

Has the deceased ever been treated with therapeutic radionuclide? Yes No If yes, date of treatment:

Description of urn or container selected:

Suitable for shipping? Yes No

Note: In the event the urn or container is insufficient to accommodate all of the cremated remains of the deceased, any excess cremated human remains will be placed in a secondary container and returned to the Funeral Home, together with the primary urn or container.

ORDER FOR DISPOSITION

I authorize the Crematory to cremate and process the Deceased's remains and to return the cremated remains of the Deceased in the possession and custody of the Funeral Home. I understand that the services and obligations of the Crematory shall be fulfilled when the cremated remains of the Deceased are returned to the possession and custody of the Funeral Home. I hereby authorize the Funeral Home to arrange for the disposition of the cremated remains to the Deceased as follows:

Deliver to: Cemetery

Phone: Address:

Release to family member:

Phone: Address:

Ship via U.S. Postal Service Registered Mail to: Name Address:

Other:

SIGNATURE AND INDEMNITY

(If the legal next of kin is not signing below, a written statement of explanation must be completed and submitted by the person signing below.)

I declare under penalty of perjury that the foregoing information is true and correct and that I make this statement to induce the Funeral Home and Crematory to cremate or cause to be cremated the remains of the Deceased. I agree to hold harmless, indemnify and defend the Funeral Home and Crematory against any claims, liabilities, damages, cost or expenses, including attorney fees, which may result from this Authorization and Order, including without limitation claims that arise from or relate to shipping, identity, kinship, explodable or harmful implant, infectious disease or other person claiming rights to control disposition of the Deceased's remains.

This document is executed at this day of, 20.

(Funeral Home)

Signature (Print Name) (Relationship to Deceased)

Address Telephone No.

Signature (Print Name) (Relationship to Deceased)

Address Telephone No.

Signature of Funeral Director as witness for Signature(s) of Authorizing Agent(s)

CREMATORY REQUIREMENTS, PROCEDURES, AND POLICIES

The cremation, processing and disposition of the remains of the Deceased authorized herein shall be performed in accordance with all governing laws, and the requirements, procedures, and policies of the Crematory and the designated Funeral Home.

CREMATORY'S REQUIREMENTS FOR CREMATION

(Cremation will take place only after all the following conditions have been met.)

1. Any scheduled ceremonies or viewings that require the presence of the Deceased have been completed.
2. Civil and medical authorities have issued all required permits. Cremation will take place within ten days after issuance of all permits.
3. All necessary authorizations have been obtained, and no objections have been raised.

CASKETS / CONTAINERS

The remains of the Deceased will not be accepted for cremation unless received by the Crematory in a combustible, leak resistant, rigid cremation container. The Crematory is authorized to remove and dispose of handles, ornaments, and any other noncombustible items attached to the cremation container prior to cremation. 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, the Crematory is authorized to remove the remains of the Deceased prior to cremation and place them in a combustible cremation container. The Crematory, at its sole discretion, reserves the right to take any or all of the following steps to facilitate the creation: to remove the casket lid prior to cremation, to prop the casket lid open during cremation. Following the cremation, the remnants of the metal casket shell will be manually or mechanically reduced in size so that they may be discarded in an economical manner with similar material from other cremations and other refuse in a non-recoverable manner.

THE CREMATION PROCESS

Cremation is performed by placing human remains in an individual cremation container or prepared casket within the cremation chamber and subjecting them to intense heat and flame. Upon completion of the calcine cycle, all substances are consumed or driven off, except bone fragments (calcium compounds), metal, and other nonhuman material. The remains (consisting of bone fragments, metal, etc.) are then raked from the chamber. The cremated human remains will be separated from most metal or other nonhuman materials to which may be attached bone particles or other human residue. These materials will be disposed of by the Crematory in a non-recoverable manner. Jewelry, dental bridgework, and dental fillings will either be destroyed in the cremation process or will be unrecoverable. The cremated remains are then mechanically processed (pulverized). Once processed, the cremated human remains are then placed in the specified urn or container. The Crematory makes a reasonable and prudent effort to remove and recover all of the cremated remains from the cremation chamber, processing equipment and other subsequent tools or containers. It is impossible to remove or recover all cremated remains; some bone particle and other residue will remain on or within the equipment. It is also impossible to guarantee or warrant that some bone particles or other residue could not be comingled with those of previously cremated human remains.

GEORGIA CODE 31-21-7

The authorizing agent shall be responsible for the disposition of the cremated remains. If after 60 days from the date of cremation, the authorizing agent of his/her representative has not specified the ultimate disposition of or claimed the cremated remains, the funeral establishment or entity in possession of the cremated remains shall send a notification to the authorizing agent notifying him/her that, pursuant to this subsection, failure to respond to such notification and specify the final disposition of the cremains within 30 days of the transmission of such notice shall authorize the funeral establishment to make arrangement for the disposition of the cremains. If, after 30 days, the funeral establishment or entity in possession of the cremated remains has not received instructions from the authorizing agent describing a specific method of disposing of the cremains, the funeral establishment or entity in possession of the cremains shall be authorized to dispose of the cremated remains in a dignified and humane manner by entombing such cremains in a crypt or underground in accordance with local and state law or by storage in the funeral establishment. The final resting place of the cremains shall be clearly marked and recorded by the funeral establishment entombing the cremains. Any costs or fees incurred to entomb, inter, or disinter the cremains shall be the responsibility of the authorizing agent; provided, however, that such cost shall not exceed \$100.00.