

# Elder Creek Cremation Center CR-356

8180 Elder Creek Road, Sacramento, CA 95824  
Phone (916) 288-9432 Fax (916) 476-3237

## Authorization For Cremation

Crematory ID Tag # \_\_\_\_\_

The undersigned requests and authorizes Elder Creek Cremation Center, CR-356, in accordance with and subject to its rules and regulations and the appropriate section of the State of California Health & Safety Code, to cremate and process the decedent identified below in a manner suitable for interment or other legal disposition.

### DECEASED INFORMATION

Name of Decedent: \_\_\_\_\_ Date of Death \_\_\_\_\_ Sex \_\_\_\_\_

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

I (We) certify that the decedent did not give directions that his/her remains not be cremated, and that *(initial all that apply)*:

\_\_\_\_\_ I am making this authorization for myself.

\_\_\_\_\_ I am the Agent under a Durable Power of Attorney for Health Care (attach a copy of the Durable Power of Attorney).

\_\_\_\_\_ I am the surviving spouse of the Decedent. \_\_\_\_\_ I am the Registered Domestic Partner of the Decedent.

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ I am (We are) the surviving child (Children) – all or a majority # \_\_\_\_\_

\_\_\_\_\_, \_\_\_\_\_ I am (We are) the surviving parent (parents).

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ I am (We are) all or a majority of the surviving sister(s) and brother (brothers)

\_\_\_\_\_ Other (name & relationship) \_\_\_\_\_

### MECHANICAL OR RADIOACTIVE DEVICES

Mechanical devices, artificial implants, pacemakers, defibrillator, pain pumps and certain nuclear medicine residues may create a hazardous condition when placed in a cremation chamber and subjected to high heat. Please list any Artificial Devices implanted in or attached to Deceased or identify if the Deceased was treated with any Radioactive Materials. Description of Devices: \_\_\_\_\_

The remains of the Deceased **DO** \_\_\_\_\_ **DO NOT** \_\_\_\_\_ contain any of the Devices described above.

If the Decedents remains do contain such a device, I/we authorize the Funeral Home to remove the Device(s) listed above prior to cremation. I/we authorize the Crematory or its agent to lawfully dispose of all such Device(s) in any manner it sees fit and at any time. \_\_\_\_\_

(Initials)

### PERSONAL PROPERTY

All personal property and effects delivered with the remains of the Decedent to the Crematory, including jewelry, clothing, hair pieces, dental bridgework, eyeglasses and shoes, will be destroyed in the cremation process or otherwise discarded by the Crematory, in its sole discretion, unless specific instructions for delivery are given below. If no specific instructions are given, I/we release the Crematory from its liability for these items.

Items to be returned to designated Funeral Home: \_\_\_\_\_

### CREMATION CONTAINER AND URN

#### CREMATION CONTAINER

The Crematory requires the remains of the Deceased be in a leak resistant, rigid, combustible container for cremation. I authorize the crematory to remove and dispose of handles, ornaments or other non-combustible parts of the cremation container or casket.

#### URN

An urn to hold the cremated remains may be purchased or provided by the Authorizing Agent but an urn is not required. If an urn is not purchased or provided, the cremated remains will be delivered in a rigid temporary container. "A person having the right to control disposition of cremated remains may remove the remains in a durable container from the place of cremation or interment, pursuant to Section 7054.6 of the Health and Safety Code." If the cremated remains container cannot accommodate all cremated remains of the deceased, the crematory shall provide a larger cremated remains container at no additional cost, or place the excess in a second container that cannot easily come apart from the first, pursuant to Section 8345 of the Health and Safety Code.

### WITNESSING CREMATION, TIME OF CREMATION, CREMATION PROCESS AND WEIGHT LIMITS

#### WITNESSING

Elder Creek Cremation Center does allow witnessing of the initial cremation process. A separate fee will be charged if I choose to witness. Witnessing of initial cremation process shall only of the placement of the cremation container or cremation casket into the cremation chamber, lowering of the door, and manual start of the cremation chamber, after which we shall vacate the cremation area. As authorizing agent I allow:

\_\_\_\_\_ **NO.** I decline to witness the cremation  
(Initials)

\_\_\_\_\_ **YES** I would like to witness the cremation. *(I understand that additional charges will apply)*  
(Initials)

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

#### TIME OF CREMATION

The cremation of the Decedent's remains will not take place until all legal required permits and authorizations are obtained and presented to the Crematory.

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Name of Decedent: \_\_\_\_\_ Crematory I.D. tag number: \_\_\_\_\_

**TIME OF CREMATION (Continued)**

If the person with the right to control disposition wishes to be notified of the date and time that the cremation will take place, special arrangements may be made. *An additional/separate Witness/Notification fee will be charged if I choose to be notified of the cremation date and time.*

\_\_\_\_\_ **NO** I DO NOT \_\_\_\_\_ **YES** I DO wish to be notified of the cremation date & time.

**CREMATION PROCESS**

I acknowledge the following: The human body burns with the casket, container, or other material in the cremation chamber. Some bone fragments are not combustible at the incineration temperature and, as a result, remain in the cremation chamber. During the cremation, the contents of the chamber may be moved to facilitate incineration. The chamber is composed of ceramic or other material, which disintegrates slightly during each cremation, and the product of that disintegration is commingled with the cremated remains. Nearly all of the contents of the cremation chamber, consisting of the cremated remains, disintegrated chamber material, and small amounts of residue from previous cremations, are removed together and crushed, pulverized, or ground to facilitate interment or scattering. Some residue remains in the cracks and uneven places of the chamber. Periodically, the accumulation of its residue is removed and interred in a dedicated cemetery property, or scattered at sea.

**WEIGHT LIMITS**

In the event the Decedent is over 300 lbs, additional charges will apply.

I certify that the Decedent is under 300 lbs. YES \_\_\_\_\_ NO \_\_\_\_\_ *Place initials next to correct statement.*

**RETURN OF CREMATED REMAINS**

The Crematory shall release the cremated remains to the designated Funeral Home.

[NOTE: I understand that if the remains are not picked up within (30) days after the cremation, the Funeral Home may either scatter the remains at sea or deliver the remains to a licensed cemetery for final disposition in a manner which may make the remains non-recoverable].

**OBLIGATION OF CREMATORY: LIMITATION ON DAMAGES**

The obligation of the Crematory shall be limited to the cremation of the Decedent and the disposition of the cremated remains as directed herein. I agree to release and hold the Crematory, its affiliated companies and their employees and agents harmless from any and all loss, damages, liability or causes of action (including attorneys' fees and costs of litigation) in connection with the cremation and disposition of the cremated remains as authorized herein, or the failure to properly identify the Decedent or to take possession of or make arrangements for the permanent disposition of the cremated remains. No warranties, express or implied, are made by the Crematory and damages shall be limited to the refund of the fee paid for the cremation.

**Note:** *California law provides "Any person signing any authorization for the interment or cremation of any remains warrants the truthfulness of any fact set forth in the authorization, the identity of the person whose remains are sought to be interred or cremated, and his or her authority to order interment or cremation. He or she is personally liable for all damage occasioned by or resulting from the breach of such warranty."*

**Signature:** The following persons authorize the cremation and disposition of the Decedent named above, and agree that a facsimile copy of this Authorization shall be as valid as an original.

\_\_\_\_\_  
Date Signature Print Name Relationship to Decedent

\_\_\_\_\_  
Address Phone

\_\_\_\_\_  
Date Signature Print Name Relationship to Decedent

\_\_\_\_\_  
Address Phone

\_\_\_\_\_  
Date Signature Print Name Relationship to Decedent

\_\_\_\_\_  
Address Phone

**Funeral Home:** \_\_\_\_\_ **Arranger Signature:** \_\_\_\_\_

**For more information on Funeral, Cemetery, and Cremation matters contact:**  
State of California Department of Consumer Affairs Cemetery and Funeral Bureau  
1625 North Marked Boulevard, Suite S0208,  
Sacramento, California 92834, (916) 574-7870.