

CREMATION AUTHORIZATION AND DISPOSITION FORM
Ruffner-Wakelin Prescott Chapel / Ruffner-Wakelin Bradshaw Chapel
for Bradshaw Crematory

Bradshaw Crematory is operated in compliance with Arizona State Crematory Law and only by cremationists licensed by the state of Arizona. Bradshaw Crematory is owned by Ruffner-Wakelin Bradshaw Chapel LLC.

I (we), the undersigned (the "Authorizing Agent") understand that during the cremation process the casket/container will be subjected to intense heat and flame reaching temperatures between 1400 and 1800 degrees Fahrenheit. Following a cooling period, the cremated remains are then swept or raked from the cremation chamber. Every effort is made to remove all human remains. However, a small residue may remain in the cremation chamber, resulting in incidental commingling with other cremated remains. Once the bone fragments have been removed, they will be further processed to reduce the size of the bone fragments to uniform particles. **Items such as artificial knees, hips, screws and pins will be removed and given to "Implant Recycling, LLC." State law prohibits funeral homes from making any profit from such items.**

Initials of AA _____

I/We, the undersigned, hereby authorize and request Ruffner Wakelin Prescott Chapel, or Ruffner Wakelin Bradshaw Chapel, and Bradshaw Crematory, in accordance with and subject to its rules and regulations, and any applicable Federal, Arizona and local laws or regulations, to cremate, and arrange for the final disposition of the cremated remains, as set forth on this form, the human remains of: **ID#** _____ **Name** _____

Initials of AA _____

IDENTIFICATION

I/We have been offered the opportunity to say goodbye to the deceased prior to transfer to the funeral home, and have authorized the funeral home to deliver the decedent to Bradshaw Crematory for cremation.

Initial of AA _____

Time/Date of Death: _____ **Place of Death:** _____ **Sex:** _____ **Age:** _____ **Wgt.** _____

Mechanical, silicon implants or other radioactive devices in the decedent may create a hazardous condition when placed in a cremation chamber. PLEASE INITIAL AND FILL IN THE INFORMATION IN ONE OF THE NEXT TWO PARAGRAPHS:

The decedent's remains do not contain a pacemaker, prosthesis, radioactive or any other device that could be explosive. They are safe to cremate. Metal parts of artificial apparatus not consumed in the cremation process are disposed of as required by funeral law.

Initials of AA _____

The decedent's remains contain silicon implants. Yes No

The following list contains all existing devices (including all mechanical and prosthetic devices) which may be implanted in or attached to the decedent and that should be removed prior to cremation. _____

I have instructed the funeral home to remove or arrange for the removal of these devices and to properly dispose of them prior to transporting the decedent's remains to Crematory.

Initials of AA _____

*** ALL SUCH DEVICES MUST BE REMOVED PRIOR TO DELIVERING THE DECEDENT TO CREMATORY**

Is any type of service to be held before the Cremation? Yes No

If yes, please indicate day, date, place, and time _____

The Funeral Home is authorized to deliver to the Crematory the human remains upon receipt of disposition permit, at the funeral home's discretion (**up to 7 days after the receipt of all authorizations**), and according to its own time schedule, as work permits, without obtaining any further authorization or instructions. Yes No Initials of AA _____

If no, please initial the filled in the information items below. Authorizing Agent authorizes the Funeral Home and Crematory to **EXPEDITE** the cremation for a fee. The cremated body will be available for final disposition on day, date, place, and time listed. _____ Initials of AA _____

If no, and applicable please initial and fill in the information below. Authorizing Agent authorizes the Funeral Home to hold the deceased in refrigeration before cremation. Initials of AA _____

For families wishing to witness the cremation, There is a fee; the cremationist will schedule the appointment with the family; If the appointee fails to show up, The cremationist will only wait 30 min. after appointment.

WITNESS (Time _____.) or CALL NAME: _____ **PHONE #** _____

The Cremationist does check the identification of the deceased on the outside of the casket/container against the accompanying documents.

The Bradshaw Crematory and Arizona State Funeral Law require that the body of the deceased be delivered for cremation in a suitable container which may be either a casket or an alternative cremation container for cremation. If an alternative container is provided it must meet the following standards: 1) be composed of readily combustible materials suitable for cremation, 2) be able to be closed to provide a complete covering for the human remains, 3) be resistant to leakage or spillage, 4) be rigid enough for handling with ease, and 5) be able to provide protection for health and safety of Crematory personnel. Crematory personnel are authorized to inspect the casket or alternative container including opening it, if necessary, and in the event there is leakage or damage, the Funeral Home may contact authorizing agent for instructions.

Type of Casket or Container Selected _____ Initials of FS _____ Initials of CO _____

Many caskets that are comprised of combustible materials also contain some exterior parts, e.g., decorative handles or rails that are not combustible and may cause damage to the cremation equipment. The Funeral Home and/or Crematory, at their sole discretion, reserve the right to remove these materials prior to cremation and to discard them with similar materials from other cremations and other refuse in a non-recoverable manner.

Initials of AA _____

AUTHORITY OF AUTHORIZING AGENT(S)

I/We hereby certify that the decedent left the following surviving heirs at law:

Spouse Yes No Name _____

Children Yes No How Many _____ Names _____

Parents Yes No How Many _____ Names _____

Siblings Yes No How Many _____ Names _____

Medical Power of Attorney (authorizing document must be attached): _____ In my capacity as Medical Power of Attorney, I have notified the next of kin relatives above of my decision to authorize the cremation of _____ and they have made no objection to the cremation. Initials AA _____

If all responses are no, the person(s) in the next degree of kinship to the decedent is (are): _____ Therefore I (we), the undersigned, hereby certify that I am (we are) the closet living next of kin of the decedent and that I am (we are) related to decedent as his/her _____ or that I (we) otherwise serve (served) in the capacity of _____ to the decedent, that I (we) 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 Arizona to execute this authorization form and to arrange for the cremation and disposition of the cremated body of the decedent. In addition, I am (we are) aware of no objection to this cremation by any spouse, child, parent or sibling specified.

OR

There is another living person, _____ (name and relationship), who has the right to control the final disposition of the decedent. I/We have made all reasonable effort to contact this person, but have been unable to do so. However, I/we have no reason to believe that this person would object to the cremation of the decedent. Last known address and telephone number: _____

Initials of AA _____

FINAL DISPOSITION

The cremated remains may be disposed of by placement in a grave, crypt, or niche; by scattering them; or in any manner whatever on the private property of a consenting owner. Cremation is final disposition per state law, but not for family members. The cremation process simply reduces the decedent's body to cremated remains. These cremated remains usually weigh seven pounds for the average individual and the volume usually ranges between 150 to 200 cubic inches. After the cremation has taken place, the cremated remains will be processed and the processed cremated remains placed in the designated receptacle. Some provision must be made for the final disposition of these cremated remains. The Authorizing Agent understands that if no arrangements for the final disposition, release, or transfer of the cremated remains are specified on this form, if the funeral home is not subsequently provided with instructions concerning the final disposition, release or transfer of the cremated remains within 30 days of the date of cremation and the authorized person has not picked up the cremated remains, under ARIZONA REVISED STATUE §32-1399.7 the funeral home shall send a register letter notifying the authorized person that the funeral home may dispose of the cremated remains by any legal means at the end of 90 days after the cremations has taken place and the funeral home will do so.

Initial of AA _____

Authorizing Agent hereby authorizes the Ruffner Wakelin Funeral Home\Ruffner Wakelin Bradshaw Chapel to transfer, deliver, transport, or ship the cremated body as specified. Check one of the following:

- 1) Removed from the temporary plastic sack\cardboard box and place in the permanent urn selected.
Model #: _____ Style: _____ Personalized Yes No Remains to be at _____ B/R
- 2) Deliver the cremated remains to _____ Cemetery at funeral home's convenience _____ or Date/Time needed for services _____
- 3) Funeral home is to deliver with or without d\c' (circle one): to _____
Address: _____ Phone: _____
- 4) Release the cremated remains to _____ Phone: _____
- 5) Deliver the cremated remains in the urn selected or minimum shipping urn required by the funeral home to the U.S. Postal Service by Return Receipt requested to Name _____
Address: _____ Phone: _____
- 6) Funeral Home to arrange for the cremated remains to be scattered at _____
to be done at the discretion of the Funeral Home. The Authorized Agent understands that if this option is selected, final disposition of the cremated body of the decedent shall not be recoverable.

Deceased's Name: _____ Weight: _____ ID#: _____

Weight up to 250 lbs. \$300 _____ 251 to 300 lbs. Add \$190 (Includes air tray) _____
Weight 301 to 450 lbs. Add \$225 (Includes air tray) _____
~ Saturdays, Sundays, Holidays are an additional \$400 _____
~ Expedited cremations are an additional \$200 _____

LIMITATION OF LIABILITY

As the Authorizing Agent(s), I/we hereby agree to indemnify, defend, and hold harmless the Funeral Home and Crematory, their officers, agents and employees, of and from any and all claims, demands, causes or causes of action, and suits of every kind and 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 the failure of the authorizing agent to properly identify the human remains transmitted to Crematory, mistakes in processing, shipping and final disposition of the decedent's cremated remains resulting from the authorization, the failure of the authorizing agent or their designee to take possession of or make proper arrangement for the final disposition of the cremated remains, any damage due to harmful or explosive implants, claims brought by any other persons 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 or Crematory, their officers, agent or employees, pursuant to this authorization, excepting only acts of willful negligence on the part of the Funeral Home or Crematory.

Initials of AA _____

****There will be a \$25/per day refrigeration charge if all paperwork is not received with 72 hours of the funeral arrangements (Cremation Authorization(s), Medical Power of Attorney, etc).** Initials of AA _____

SIGNATURE OF AUTHORIZING AGENT(S)

By executing this cremation authorization form, as Authorizing Agent (s), the undersigned warrant that all representations and statements contained on this form are true and correct, that these statements were made to induce the Funeral Home and Bradshaw Crematory to cremate the human remains of the decedent, and that the undersigned have read and understand the provision contained on this form.

Executed at: _____ (place) this _____ day of _____, 201_____

Name: _____ Signature: _____
Relationship to decedent: _____ Phone No. _____ Address: _____

Name: _____ Signature: _____
Relationship to decedent: _____ Phone No. _____ Address: _____

Signature of Funeral Counselor/Notary as witness for Signature(s) of Authorizing Agent(s): _____

We have verified the identity of the deceased and beyond a question of a doubt the decedent's identity is verified.

Cremationist: _____ Hour Started: _____ Hour Completed: _____

Date Received: _____ Signature: _____