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Cremation Authorization Form

I (we) the undersigned (the "Authorizing Agent(s)" hereby authorize and request the Crematory, in accordance with and subject to its rules and regulations, and all applicable state or local regulations to cremate the human remains of:

Name of Decedent: _____

Date of Birth: _____ Date of Death: _____

AUTHORITY I (we) hereby swear and affirm under penalty of perjury that to the best of my knowledge there is no other person having a prior right to give this authorization under RCW 68.50.160, 68.50.170, 68.50.180, and to control the remains of the above the named decedent.

IDENTITY I (we) acknowledge that cremation is an irreversible act and that positive identification has been determined under RCW 68.50.170.

EFFECTS OF AUTHORIZATION 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 authority to order the interments or cremation. He is personally liable for all damage occasioned by or resulting from breach of such warranty.

Mechanical Devices and Implants: Mechanical Devices and Implants in the Decedent may create a hazardous condition when placed in a cremation chamber and are subjected to heat. The Crematory will not cremate any human remains that contain any mechanical device or implants such as a defibrillator, cardiac pacemaker or insulin pump. Listed below are all implanted, mechanical, radioactive devices, or surgical implants that the Cremation Alliance is authorized to remove from the remains of the Decedent prior to cremation and to discard or otherwise dispose of said items.

Description: _____

DECLARATION OF INTENT FOR THE DISPOSITION OF CREMATED REMAINS

I (we) hereby authorize the Cremation Alliance to arrange for the disposition of the cremated remains of the Decedent as stated below:

A. HAND DELIVERY WITHIN LOCAL SERVICE AREA The family may designate a person or place that is authorized to accept delivery of the cremated remains within our local service area after the cremation has been completed.

Name _____

Address _____

City _____ State _____ Zip _____

B. SHIPPING BY USPS PRIORITY EXPRESS MAIL I appoint the Cremation Alliance as my agent to make shipment by U.S.P.S. Priority Express Mail. The Crematory or the Cremation Alliance are not responsible for any loss or delay of cremated remains by the U.S. Postal Service.

Name _____

Address _____

City _____ State _____ Zip _____

C. UNATTENDED SCATTERING AT SEA I authorize the Cremation Alliance to scatter the cremated remains of the above-mentioned deceased at sea at the discretion and convenience of the Cremation Alliance or its designated agent or representative within a reasonable time. It is understood the scattering of cremated remains is the dispersal of the remains and once the cremated remains have been scattered, they are unrecoverable in whole or in part. It is understood and agreed that scattering will take place in accordance with the Cremation Alliance's policies and any applicable federal, state, county, city or other local laws, statutes or regulations.

CREMATION DISCLOSURE All cremations are performed individually. Cremation is performed by placing the body, which must be in a leak resistant, rigid cremation container or prepared hardwood casket, within the cremation chamber where the temperature is raised to approximately 1100 to 1800 degrees Fahrenheit, and the body will be totally and irreversibly destroyed by prolonged exposure to intense heat and direct flame. Upon completion of this cycle, all substances are consumed or driven off, (except bone fragments, other materials, metals, etc.) are then swept from the chamber. All metal, prosthesis, hip joints, surgical pins, dental fillings, etc. are discarded. The cremated remains are then mechanically processed (pulverized). Once processed, the cremated remains are then encased in the specified urn. The Crematory makes a prudent effort to remove and recover all the cremated remains from the crematory chamber, processing equipment and other tools or containers.

LIMITATION OF LIABILITY As the Authorizing Agent(s), I (we) hereby agree to indemnify, defend, and hold harmless the Crematory, it's officers, agents, and employees, and/or from any and all claims, demands, causes, or causes of action, and suits of any kind, nature or description, in law or equity, including any legal fees, costs or expenses of litigation, among as a result of, based upon or connected with this authorization, including the failure to properly identify the decedent or human remains transferred to the Crematory, the processing, shipping and final disposition of the decedent's remains, any damage due to harmful or explodable implants, claims brought by any other person(s) claiming the right to control the cremation or disposition of the decedent or the decedent's cremated remains, or any other action performed by the Crematory, as officers, agents or employees, pursuant to this Authorization, excepting only acts of willful negligence. If disposition of the cremated remains is still undetermined or if they remain unclaimed beyond ninety (90) days, I (we) authorize the Cremation Alliance and/or the Crematory to dispose of them in any lawful manner they choose.

EXECUTION OF AUTHORIZATION By executing this Cremation Authorization, 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 in good faith to facilitate the cremation of the decedent, and that the undersigned have read and understand the provisions contained within this document.

Signature: _____

Printed Name: _____

Relationship: _____

Funeral Director Signature: _____

Container Description: Cardboard Alternative Container

Urn Description: Plastic Utility Urn