



3710 168th Street NE, Suite B-209, Arlington, WA 98223 * (360) 651-9233

AUTHORIZATION FOR CREMATION AND DISPOSITION BY AUTHORIZED AGENT

Crementation is an irreversible and final process. Please read carefully before signing.

I/We, the undersigned, certify that I/we have the legal right to control final disposition of named decedent according to **RCW 68.50.160** and to authorize cremation and processing of the remains of: _____ who died on: _____ and whose date of birth is: _____ and SSN: _____ - _____ - _____.

Washington RCW 68.50.160: "If the decedent has not made a prearrangement...the duty of disposition and the liability for the reasonable cost of preparation, care and disposition of such remains devolves upon the following in the order named: (a) The person designated by the decedent as authorized to direct disposition as listed on the decedent's United States department of defense record of emergency data, DD form 93, or its successor form, if the decedent died while serving in military service as described in 10 U.S.C. Sec. 1481(a) (1)-(8) in any branch of the United States armed forces, United States reserve forces, or national guard; (b) The designated agent of the decedent as directed through a written document signed and dated by the decedent in the presence of a witness. The direction of the designated agent is sufficient to direct the type, place, and method of disposition; (c) The surviving spouse or state registered domestic partner; (d) The majority of the surviving adult children of the decedent; (e) The surviving parents of the decedent; (f) The majority of the surviving siblings of the decedent; (g) A court-appointed guardian for the person at the time of the person's death." If I/we are not the only legal next of kin, or not the legal next of kin, I/we have made all reasonable efforts to contact such persons without success and have no reason to believe they would object to the cremation.

AUTHORIZATION: I/We hereby authorize American Cremation & Casket Alliance ("ACCA") to make arrangements for the decedent's cremation. _____ (Initial)

PACEMAKERS OR RADIOACTIVE IMPLANTS: I/We hereby certify that the deceased: Does Does not contain a pacemaker or radioactive device. Device: _____ (Initial)
(Note: Cremation of a body with radioactive implants may be delayed until clearance is medically certified.)

CREMATORY REQUIREMENTS: Under the crematory policy, a combustible, rigid and leak resistant container is required for cremation and the cremated remains must be returned to ACCA in a nonbiodegradable plastic urn.

Urn(s) Description: _____ BASIC _____

Items to be returned: _____

DISPOSITION: I/We authorize ACCA to release the cremated remains as follows:

- Release to: _____ (Name and relation)
- Scattering
- Ship via U.S. Priority Mail Express to [name and address]: _____

CREMATION DISCLOSURE:

1. I/We understand that due to the nature of cremation, items such as body prosthesis, dentures, dental work, jewelry, or other unnamed personal articles will be altered, damaged or destroyed. I/We authorize the crematory to collect and dispose of, donate or recycle the above-mentioned articles, and any other non-combustible materials, in any lawful manner it may deem appropriate, and if proceeds are received, they may be used according to company discretion.
2. All reasonable and best efforts are used to completely remove all of the cremated remains from the chamber. However, some minute particles may be left behind and incidental or inadvertent comingling of such particles is a possibility.

Name of Deceased _____ Date of Birth: _____ Date of Death: _____

3. I/We agree to indemnify, release and hold the crematory, ACCA, their employees and owners, harmless from any liability, cost or expenses in connection with the cremation process as authorized herein.
4. I/We understand that this document does not contain a complete and detailed description of every aspect of the cremation process.
5. In the event the cremated remains of the deceased remain unclaimed for a period of 30-days, ACCA shall give written notice to me/us or the designated person(s) named. I/We agree that in the event the cremated remains of the deceased are unclaimed for a period of 120-days after the date such notification is mailed, ACCA is authorized and directed to dispose of the unclaimed cremated remains by any lawful manner it may deem appropriate.

I have read the above disclosure and understand and accept the Cremation Disclosure. _____ (Initial)

SIGNATURE OF PERSON(S) AUTHORIZING CREMATION AND DISPOSITION

By executing this Cremation Authorization form, as Authorizing Agent(s) the undersigned warrant that all representations and statements contained in this form are true and correct, that these statements were made to induce the crematory to cremate the human remains of the decedent, and that the undersigned have read and understand the provisions contained on this form.

Name: _____ Signature: _____ Date: _____
Relationship to Deceased: _____ Phone Number: _____
Address: _____

*Witness Signature _____ Print Name _____ Date: _____
Relationship to Authorizing Agent: _____ Phone Number: _____

Additional Signatures:

Name: _____ Signature: _____ Date: _____
Relationship to Deceased: _____ Phone Number: _____
Address: _____

*Witness Signature: _____ Print Name: _____ Date: _____

Name: _____ Signature: _____ Date: _____
Relationship to Deceased: _____ Phone Number: _____
Address: _____

*Witness Signature: _____ Print Name: _____ Date: _____

Name: _____ Signature: _____ Date: _____
Relationship to Deceased: _____ Phone Number: _____
Address: _____

*Witness Signature: _____ Print Name: _____ Date: _____

Name: _____ Signature: _____ Date: _____
Relationship to Deceased: _____ Phone Number: _____
Address: _____

*Witness Signature: _____ Print Name: _____ Date: _____

***Witness can be friend or family member and does not need to be notarized.**