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**AUTHORIZATION FOR CREMATION AND DISPOSITION BY SELF**

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

Name of Declarant: \_\_\_\_\_ Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

I declare that it is my wish and I direct that upon my death, my remains be cremated, and I direct that all of my relatives, surviving at my death, honor this authorization.

I hereby authorize and request that American Cremation & Casket Alliance take control and make arrangements for my cremation, and I give the Crematory the authority to cremate my human remains.

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**PACEMAKERS OR RADIOACTIVE IMPLANTS:** I hereby certify that I:  Do  Do not have a pacemaker or radioactive device or implants. Device/Implant: \_\_\_\_\_ **(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 the Funeral Home in an urn/container.

Urn(s) Description: \_\_\_\_\_ STANDARD \_\_\_\_\_

Items to be returned: \_\_\_\_\_

**DISPOSITION:** I authorize the Funeral Home to release my cremated remains as follows:

- Release to: \_\_\_\_\_ (Name and relation)
- Scattering
- Ship via U.S. Priority Mail Express (Minimum Charge \$120) to [name and address]:

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Name of Declarant: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Date of Death \_\_\_\_\_

**CREMATION DISCLOSURE:**

1. I 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 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.
3. I agree to indemnify, release and hold the Crematory, Funeral Home, their employees and owners, harmless from any liability, cost or expenses in connection with the cremation process as authorized herein.
4. I understand that this document does not contain a complete and detailed description of every aspect of the cremation process.
5. Per WAC 308-47-070, in the event that my cremated remains are unclaimed for a period of 90-days, the Funeral Home shall give written notice to the person(s) named. I agree that if my cremated remains are unclaimed for a period of 60-days after the date such notification is mailed, the Funeral Home is authorized and directed to dispose of the unclaimed cremated remains by any lawful manner it may deem appropriate.
6. All metals recovered from the cremation process will be recycled. The proceeds from this recycling will be used to support local charities.

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

**SIGNATURE OF PERSON AUTHORIZING CREMATION AND DISPOSITION**

I warrant that all representatives and statements made herein are true and correct, and that I have read and understand the provisions contained in this document.

Declarant signature \_\_\_\_\_ Printed Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Date \_\_\_\_\_

\*Witness Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Witness Relationship \_\_\_\_\_ Phone # \_\_\_\_\_ Date \_\_\_\_\_

Witness Address \_\_\_\_\_

\*The witness may be anyone over the age of 18