CREM-003

AUTHORIZATION FOR CREMATION

Colorado Wilbert Vault (303) 289-2771

Name of Crematory Establishment COLORADO WILBERT CREMATORY

Name of Funeral Establishment

I, the undersigned, do hereby authorize the crematory and funeral establishments named above to cremate the remains of:

Name of person to be cremated

INITIAL

I hereby certify that I am person with the right to control disposition of the last remains of the decedent under state law and that I have the legal right to authorize this cremation and the disposal of the cremated remains. I understand that due to the nature of the cremation process any VALUABLE METAL, including dental gold, will either be destroyed or will not be recoverable, any personal possessions accordingly have either been removed or may be destroyed. I further agree that I will indemnify and hold harmless the Crematory and Funeral Director, their officers and employees from any liability, costs, expenses or claims resulting from this authorization.

I request that following cremation, the FUNERAL HOME make disposition of the cremated remains as follows:

INITIAL

No, the deceased HAS NOT been treated with therapeutic radionuclides.

If YES, when was the last treatment administered?

INITIAL

I further state that the deceased has not had a heart PACEMAKER, radiation producing implant device, nor any other life sustaining device implanted that could be explosive. If such a device exists, I have instructed the Funeral Director or others to remove it before cremation. I further agree that, in the event of my failure to notify the Funeral Director or others responsible for the removal of such a device, I will be liable for any damages to the crematorium or injury to crematorium personnel.

Signature

Date Time

Relationship to Deceased

Telephone Number

Address City

State Zip

Signature

Statutory Right to Control Disposition

Signature

Statutory Right to Control Disposition

Signature

Statutory Right to Control Disposition

WITNESS

Signature

Name (Please Print)

Address