

# Pinecrest Crematory

## AUTHORIZATION FOR CREMATION AND DISPOSITION

THIS SPACE FOR CREMATION USE ONLY

Cremation # \_\_\_\_\_

Cremation Date \_\_\_\_\_

Deceased's Name \_\_\_\_\_ SS# \_\_\_\_\_ Date/Time of Death \_\_\_\_\_ Sex \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Place of Death \_\_\_\_\_

I hereby request and authorize \_\_\_\_\_ to take possession of and make arrangements for the cremation of the Deceased's remains at \_\_\_\_\_ ("Crematory"). To induce the Funeral Home and the

Crematory to cremate, process and dispose of the Deceased's remains, I, the undersigned, hereby certify, warrant, represent and acknowledge (by initialing item 1-6 below) that:

- ⇨1. \_\_\_\_ I have the full legal right and authority to authorize the cremation, processing and disposition of the Deceased's remains.
- ⇨2. \_\_\_\_ I have read and understood the crematory requirements, procedures, and policies contained on the back side of this contract.
- ⇨3. \_\_\_\_ I have not been denied the opportunity to personally identify the Deceased's remains and assume full responsibility for the identification of the Deceased's remains.
- ⇨4. \_\_\_\_ I understand that if I wish to remove or retain any item from the Deceased's remains, I must do so directly or by authorized agent prior to the cremation process.
- ⇨5. \_\_\_\_ I give permission for the funeral home or its duly authorized agent to remove and dispose of any pacemaker or other type of implanted mechanical or radioactive device.
- ⇨6. \_\_\_\_ I understand that in the event the cremated remains have not been permanently picked up by me or by my designated representative within 120 days from the date of cremation, the Funeral Home is authorized and directed to dispose of the unclaimed remains in any lawful manner.

### DISCLOSURES

Are there special instructions? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Describe \_\_\_\_\_

The Deceased has the following implanted mechanical or radioactive devices and/or prosthetic devices:

At the time of Deceased's death did he have a disease that was infectious, communicable or dangerous to public health?  
\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain. \_\_\_\_\_

Has the Deceased ever been treated with therapeutic radionuclides? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, on what date was the treatment administered?

Description of urn or container selected

NOTE: In the event the urn or container is insufficient to accommodate all of the cremated remains of the deceased, any excess cremated human remains will be placed in a secondary container and returned to the Funeral Home, together with the primary urn or container

### ORDER FOR DISPOSITION

I authorize the Crematory to cremate and process the Deceased's remains and to return the cremated remains of the Deceased to the possession and custody of the Funeral Home. I understand that the services and obligations of the Crematory shall be fulfilled when the cremated remains of the Deceased are returned to the possession and custody of the Funeral Home.

I hereby authorize the Funeral Home to arrange for the disposition of the cremated remains of the Deceased as follows:

⇨1. Deliver to \_\_\_\_\_ Funeral Home/Cemetery.

Phone: \_\_\_\_\_ Address \_\_\_\_\_

⇨2. Release to family member \_\_\_\_\_ Address \_\_\_\_\_

Phone: \_\_\_\_\_ Address \_\_\_\_\_

Other \_\_\_\_\_

Phone: \_\_\_\_\_ Address \_\_\_\_\_

⇨3. Deliver to \_\_\_\_\_ Funeral Home/Cemetery.

Phone: \_\_\_\_\_ Address \_\_\_\_\_

⇨4. Release to family member \_\_\_\_\_ Address \_\_\_\_\_

Phone: \_\_\_\_\_ Address \_\_\_\_\_

⇨5. Release to family member \_\_\_\_\_ Address \_\_\_\_\_

Phone: \_\_\_\_\_ Address \_\_\_\_\_

⇨6. Release to family member \_\_\_\_\_ Address \_\_\_\_\_

Phone: \_\_\_\_\_ Address \_\_\_\_\_

⇨7. Release to family member \_\_\_\_\_ Address \_\_\_\_\_

Phone: \_\_\_\_\_ Address \_\_\_\_\_

⇨8. Release to family member \_\_\_\_\_ Address \_\_\_\_\_

Phone: \_\_\_\_\_ Address \_\_\_\_\_

⇨9. Release to family member \_\_\_\_\_ Address \_\_\_\_\_

Phone: \_\_\_\_\_ Address \_\_\_\_\_

⇨10. Release to family member \_\_\_\_\_ Address \_\_\_\_\_

Phone: \_\_\_\_\_ Address \_\_\_\_\_

⇨11. Release to family member \_\_\_\_\_ Address \_\_\_\_\_

Phone: \_\_\_\_\_ Address \_\_\_\_\_

⇨12. Release to family member \_\_\_\_\_ Address \_\_\_\_\_

Phone: \_\_\_\_\_ Address \_\_\_\_\_

⇨13. Release to family member \_\_\_\_\_ Address \_\_\_\_\_

Phone: \_\_\_\_\_ Address \_\_\_\_\_

⇨14. Release to family member \_\_\_\_\_ Address \_\_\_\_\_

Phone: \_\_\_\_\_ Address \_\_\_\_\_

⇨15. Release to family member \_\_\_\_\_ Address \_\_\_\_\_

Phone: \_\_\_\_\_ Address \_\_\_\_\_

⇨16. Release to family member \_\_\_\_\_ Address \_\_\_\_\_

Phone: \_\_\_\_\_ Address \_\_\_\_\_

### SIGNATURE AND INDEMNITY

(If the legal next of kin is not signing below, a written statement of explanation must be completed by the person signing below.) I declare under penalty of perjury that the foregoing information is true and correct, and that I make this statement to induce Funeral Home and Crematory to cremate or cause to be cremated the remains of the Deceased. I agree to hold harmless, indemnify and defend Funeral Home and Crematory against any claims, liabilities, damages, cost or expenses, including attorney fees, which may result from the Authorization and Order, including without limitation claims that arise from or relate to shipping, identity, kinship, explodable or harmful implant, infectious disease, or other persons claiming rights to control disposition of the Deceased's remains.

Funeral Home: E.J. Fielding Funeral Home, Inc. Lic#: 2230

Director Signature: \_\_\_\_\_ Lic#: \_\_\_\_\_

Address: 2260 West 21st Ave.

City, State, Zip: Covington, LA 70433

Telephone No: (985)892-9222 Fax No:(985)898-0640

Printed Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No. \_\_\_\_\_ Date: 20

## **CREMATORIAL REQUIREMENTS, PROCEDURES, AND POLICIES**

The cremation, processing and disposition of the remains of the Deceased authorized herein shall be performed in accordance with all governing laws, and the requirements, procedures and policies of the Crematory and the designated Funeral Home.

### **CREMATORIAL REQUIREMENTS FOR CREMATION**

(Cremation will take place only after all the following conditions have been met.)

1. Any schedules ceremonies or viewing which require the presence of the Deceased have been completed.
2. Civil and medical authorities have issued all required permits. Cremation will take place within ten days after issuance of all permits.
3. All necessary authorizations have been obtained, and no objections have been raised.

### **CASKETS/CONTAINERS**

The remains of the Deceased will not be accepted for cremation unless received by the Crematory in a combustible, leak resistant, rigid cremation container. The Crematory is authorized to remove and dispose of handles, ornaments and any other noncombustible items attached to the cremation container prior to cremation, and is further authorized to dispose of any such noncombustible items in any lawful manner.

### **BRIEF EXPLANATION OF THE CREMATION PROCESS**

Cremation is performed by placing human remains in an individual cremation container or prepared casket within the cremation chamber where they are subjected to intense heat and flame. Upon completion of the calcine cycle, all substances are consumed or driven off, except bone fragments (calcium compounds), metal, and other nonhuman material. The remains (consisting of bone fragments, metal, etc.) are then procured from the chamber. The cremated human remains will be separated from most metal and other nonhuman material to which may be attached bone particles or other residual elements. These material will be disposed of by the Crematory in a nonrecoverable manner. Jewelry, dental bridgework, and dental fillings will be either destroyed in the cremation process or will be nonrecoverable. The cremated human remains are then placed in the specified urn or container. The Crematory makes a reasonable and prudent effort to remove and recover all of the cremated remains from the cremation chamber, processing equipment and other subsequent tools or containers. The chamber is composed of ceramic or other material which disintegrates slightly during each cremation and the product of that disintegration is commingled with the cremated remains. Nearly all the contents of the cremation chamber, consisting of the cremated remains, disintegrated chamber material, and small amounts of residue from previous cremations, are removed together and crushed, pulverized, or ground to facilitate inurnment or scattering. Some residue remains in the cracks and uneven places of the chamber. Periodically, the accumulation of this residue is removed and interred in a dedicated cemetery property.

### **R.S. 37:876 AUTHORIZING AGENT; NOTARIZED DECLARATIONS**

A. The following persons, in the priority listed, have the right to serve as an authorizing agent for cremation.

- (1) The surviving spouse, if no petition for divorce has been filed by either spouse prior to the death of the decedent spouse.
- (2) Majority of the surviving adult children of the decedent.
- (3) A majority of the surviving adult grandchildren of the decedent.
- (4) The surviving parents of the decedent.
- (5) Majority of the surviving adult siblings of the decedent.
- (6) Majority of the surviving adult persons respectively in the next degree of kindred as provided in Civil Code Articles 880 et seq.

B. If the required authorization cannot be obtained, a final judgement of a district court shall be required.