

# **INSTRUCTIONS**

THIS DOCUMENT CONTAINS TWO PAGES. AFTER THOROUGHLY READING PAGE 2, PAGE 1 MUST BE COMPLETELY FILLED OUT WITH PROPER INITIALS AND SIGNATURES. (*If form is incomplete, cremation will not proceed.*)

BOTH PAGES OF THE DOCUMENT MUST BE RETURNED TO FUNERAL HOME OR CREMATION SERVICE PROVIDER. (*Faxes or Copies will not be accepted.*)

**MOUNT HOPE CEMETERY CORPORATION**

1048 State Street, P.O. Box 663, Bangor, Maine 04402-0663

CREMATION # \_\_\_\_\_

(Crematory Use Only)

**AUTHORIZATION FOR CREMATION AND DISPOSITION**

(Please print or type)

I (We), the undersigned (the "Authorizing Agent(s)"), hereby authorize and request M.H.C.C. in accordance with and subject to its rules and regulations, and any applicable state/provincial or local laws or regulations, to cremate the human remains of \* \_\_\_\_\_ (the "decedent") and to arrange the final disposition of the cremated remains, as set forth on this form.

I (We) have identified the human remains that were delivered to the funeral home as the decedent, and have authorized the funeral home to deliver the decedent to M.H.C.C. for cremation. Otherwise, I (We) have elected to waive the right to identify the human remains at the funeral home.

I (We) have read the attached document entitled "M.H.C.C. Policies, Procedures and Requirements," and hereby authorize M.H.C.C. to perform the cremation of the decedent in accordance with that document. (Reverse side of this document)

**\*Where Asterisk is Please Fill Out**

\* Initials of AA \_\_\_\_\_ (Acknowledgment of prior 3 paragraphs)

**IDENTIFICATION**

Date of Death \* \_\_\_\_\_ Time of Death \* \_\_\_\_\_ AM / PM

Place of Death, City, Town, Twp. \* \_\_\_\_\_ County \* \_\_\_\_\_ State \* \_\_\_\_\_

Sex \* \_\_\_\_\_ Race \* \_\_\_\_\_ Age \* \_\_\_\_\_ Date of Birth \* \_\_\_\_\_

Was death caused by an infectious or contagious disease ? \_\_\_\_\_ \* Yes [ ] No [ ]

If yes, please explain: \_\_\_\_\_

**PACEMAKERS, PROSTHESES, SILICONE AND RADIOACTIVE IMPLANTS**

\* Yes [ ] No [ ]

Did the decedent's remains contain a silicone implant? \_\_\_\_\_

*Please initial one of the next two paragraphs*

The decedent's remains do not contain pacemaker, radioactive implant or any other electronic device that could be harmful to the crematory. They are safe to cremate. \_\_\_\_\_ \* Initials of AA \_\_\_\_\_

The following list contains all existing devices (including all mechanical, radioactive implants and prosthetic devices) which are implanted in or attached to the decedent, that should be removed prior to cremation. \_\_\_\_\_

I have instructed the funeral home to remove or arrange for the removal of these devices and to properly dispose of them prior to transporting the decedent to M.H.C.C. \_\_\_\_\_ \* Initials of AA \_\_\_\_\_

**ALL PACEMAKERS, PROSTHESES, PLASTIC CAST, SILICONE AND RADIOACTIVE IMPLANTS MUST BE REMOVED PRIOR TO DELIVERING THE DECEDENT TO M.H.C.C.**

**TIME OF CREMATION**

M.H.C.C. is authorized to perform the cremation upon receipt of the human remains, at its discretion, and according to its own time schedule as work permits, without obtaining any further authorization or instructions.

**FINAL DISPOSITION**

After the cremation has taken place, the cremated remains have been processed and the processed cremated remains placed in the designated receptacle, M.H.C.C. will arrange for the disposition of the cremated remains as follows, and the Authorizing Agent(s) hereby authorizes M.H.C.C. to release, deliver, transport, or ship the cremated remains as specified. Check one of the following: Name of Urn if desired: \* \_\_\_\_\_

- \* 1. \_\_\_\_\_ Release the cremated remains to the funeral home to pick up.
- \* 2. \_\_\_\_\_ Deliver the cremated remains to the U.S. Postal Service for shipment, via Registered Mail, Return Receipt, Insured, mail to: (or other specific instructions) \* \_\_\_\_\_

(If option two is selected, then I/we agree to assume all liability that may arise from such shipment, and to indemnify and hold M.H.C.C. harmless from any and all claims that may arise from such shipment.) \_\_\_\_\_ \* Initials of AA \_\_\_\_\_

**AUTHORITY OF AUTHORIZING AGENT**

I/we, the undersigned, hereby certify that I am the closest living next of kin of the decedent and that I am related to the decedent as his/her \* \_\_\_\_\_ or that I otherwise serve (served) in the capacity of \* \_\_\_\_\_ to the decedent, that I have charge of the remains of the decedent and as such possess full legal authority and power, according to the laws of the state of Maine, to execute the authorization form and to arrange for the cremation and disposition of the cremated remains of the decedent. In addition, I am aware of no objection to this cremation by any spouse, child, parent or sibling.

**LIMITATION OF LIABILITY**

As the authorizing Agent(s), I(We) hereby agree to indemnify, defend, and hold harmless M.H.C.C., its officers, agents and employees, of and from any and all claims, demands, causes or causes of action, and suits of every kind, nature and description, in law or equity, including any legal fees, costs and expenses of litigation, arising as a result of, based upon or connected with this authorization, including the failure to properly identify the decedent or the human remains transmitted to M.H.C.C., the processing, shipping and final disposition of the decedent's cremated remains, the failure to take possession of or make proper arrangements for the final disposition of the cremated remains, any damage due to harmful or explodable implants, claims brought by any other person(s) claiming the right to control the disposition of the decedent or the decedent's cremated remains, or any other action performed by M.H.C.C., its officers, agents, or employees, pursuant to this authorization, excepting only acts of willful negligence.

\* Initials of AA \_\_\_\_\_

**SIGNATURE OF AUTHORIZING AGENT(S)**

THIS IS A LEGAL DOCUMENT. IT CONTAINS IMPORTANT PROVISIONS CONCERNING CREMATION. CREMATION IS IRREVERSIBLE AND FINAL. READ THIS DOCUMENT CAREFULLY BEFORE SIGNING.

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

\* Executed at \_\_\_\_\_ \* this \_\_\_\_\_ \* day of \_\_\_\_\_, 20 \_\_\_\_\_

\* Name \_\_\_\_\_ \* Signature \_\_\_\_\_

\* Relationship to Decedent \_\_\_\_\_ \* Phone No. ( \_\_\_\_\_ ) \_\_\_\_\_

\* Address \_\_\_\_\_

\* Name \_\_\_\_\_ \* Signature \_\_\_\_\_

\* Relationship to Decedent \_\_\_\_\_ \* Phone No. ( \_\_\_\_\_ ) \_\_\_\_\_

\* Address \_\_\_\_\_

\* Signature of Funeral director as Witness for Signature(s) or Authorizing Agent(s) \_\_\_\_\_

\* Name and Address of Funeral Home \_\_\_\_\_



## M.H.C.C. POLICIES, PROCEDURES AND REQUIREMENTS

The cremation, processing and disposition of the remains of the deceased shall be performed in accordance with all governing laws, and the policies, procedures and requirements of M.H.C.C. and the designated funeral home.

This document describes many of the policies and requirements of M.H.C.C. and is incorporated in our Cremation Authorization Form. We suggest you take the time to read this document carefully before executing the Cremation Authorization Form.

### M.H.C.C. REQUIREMENTS FOR CREMATION

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

- 1) Any scheduled ceremonies or viewings have been completed.
- 2) 48 hours have transpired since the death occurred.
- 3) Civil and medical authorities have issued all required permits.
- 4) All necessary authorizations have been obtained, and no objections have been raised.
- 5) All financial obligations have been met to M.H.C.C. prior to cremation.

### CASKETS/CONTAINERS

M.H.C.C. does not accept metal caskets. All wooden caskets and alternative containers must meet the following standards: 1) be composed of ridged materials suitable for cremation; 2) be able to be closed to provide a complete covering for the human remains; 3) be resistant to leakage or spillage; 4) be sufficient for handling with ease; and 5) be able to provide protection for the health and safety of crematory personnel.

Many caskets that are comprised primarily of combustible materials may also contain some exterior and interior parts, e.g. decorative handles or rails, that are not combustible and that may cause damage to the cremation equipment, M.H.C.C., at its sole discretion, reserves the right to remove these non combustible materials prior to cremation and to discard them with similar materials from other cremations and other refuse in a non-recoverable manner.

### PACEMAKERS, PROSTHESES AND RADIOACTIVE DEVICES

Pacemaker and prosthesis, as well as any other mechanical, or radioactive devices or implants in the decedent, may create a hazardous condition when placed in the cremation chamber. It is imperative that the aforementioned be removed prior to cremation. If the funeral home is not notified about such devices and implants, and not instructed to remove them, then the person(s) authorizing the cremation will be responsible for any damages caused to M.H.C.C. or crematory personnel by such devices or implants.

### THE CREMATION PROCESS

All cremations are performed individually. Exceptions are only made in the case of infant children, and then only with the prior written instructions of the Authorizing Agent(s).

Cremation is performed by placing the deceased in a casket or other container and then placing the casket or container into a cremation chamber or retort, where they are subjected to intense heat and flame. During the cremation process, it may be necessary to open the cremation chamber and reposition the deceased in order to facilitate a complete and thorough cremation. Through the use of a suitable fuel, incineration of the container and contents is accomplished and all substances are consumed or driven off, except bone fragments (calcium compounds) and some metals as the temperature is not sufficient to consume them.

Due to the nature of the cremation process any personal possessions or valuable materials, such jewelry, dental gold or bridgework, that are left with the decedent and not removed from the casket or container prior to cremation will be destroyed or if not destroyed, will be disposed of by M.H.C.C. as the casket or container will not normally be opened by M.H.C.C. (to remove valuables, to allow for a final viewing or for any other reason), arrangements must be made with the funeral home to remove any such possessions or valuables prior to the time that the decedent is transported to M.H.C.C.

Following a cooling period, the cremated remains, which will normally weigh several pounds in the case of an average size adult, are then swept or taken from the cremation chamber. M.H.C.C. makes a reasonable effort to remove all of the cremated remains from the cremation chamber, but it is impossible to remove all of them, as some dust and other residue from the process are always left behind. In addition, while every effort will be made to avoid commingling, inadvertent or incidental commingling of minute particles of cremated remains from the residue of the previous cremations is a possibility.

After the cremated remains are removed from the cremation chamber, all non-combustible materials (insofar as possible), such as bridgework, and materials from the casket or container, such as hinges, latches, nails, etc., will be separated and removed from the human bone fragments. Unless otherwise specified, after the bone fragments have been separated from the other material, they will then be mechanically processed (pulverized). This process of crushing or grinding may cause incidental commingling of the remains with the residue from the processing of previously cremated remains. These granulated particles of unidentifiable dimensions will be virtually unrecognizable as human remains.

### WITNESSING

M.H.C.C. does not allow anyone to witness the casket/container being placed in the cremation chamber, unless required to do so because of the religious practices of the family. In that instance a maximum of 5 witnesses could be allowed.

### URNS/CONTAINERS

After the cremated remains have been processed, they will be placed in the designated urn or container. M.H.C.C. will make a reasonable effort to put all of the cremated remains in the urn or container, with the exception of dust or other residue that may remain on the processing equipment. In the event the urn or container provided is insufficient to accommodate all of the cremated remains, the excess will be placed in a separate receptacle. The separate receptacle will be kept with the primary receptacle and handled according to the disposition instructions on the Cremation Authorization Form.

### FINAL DISPOSITION

Cremation is NOT final disposition, nor is placing the cremated remains in storage at a funeral home final disposition. The cremation process simply reduces the decedent's body to cremated remains. These cremated remains usually weigh several pounds and usually measure in excess of 150 cubic inches. Some provision must be made for the final disposition of these cremated remains. Therefore, M.H.C.C. strongly suggests that arrangements for final disposition be made at the time that the cremation arrangements are made and that the Cremation Authorization Form is completed. M.H.C.C. will not store or scatter remains.

### LIMITATION OF LIABILITY

The obligations of M.H.C.C. shall be limited to the cremation of the decedent and the disposition of the decedent's cremated remains as authorized on the Cremation Authorization Form. No Warranties Express or Implied are Made and Damages Shall be Limited to the Amount of the Cremation Fee Paid.