

CONFIRMATION THAT PERSON AUTHORIZING  
CREMATION HOLDS PRIORITY TO DO SO

Name of funeral home: \_\_\_\_\_

Address of funeral home: \_\_\_\_\_

Name of deceased: \_\_\_\_\_

Date of death: \_\_\_\_\_

Name of person signing below to authorize disposition of body of deceased by  
cremation.

\_\_\_\_\_

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

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

Relationship to the deceased: \_\_\_\_\_

Did deceased leave written authorization for disposition of his/her body?  
\_\_\_\_\_yes; \_\_\_\_\_no ( please check one)

If yes, what did authorization provide? \_\_\_\_\_

\_\_\_\_\_.

Did deceased die in military service and did deceased designate on United States  
Department of Defense Record of Emergency Data, DD Form 93, or its successor  
form, a person authorized to direct disposition of his/her body?  
\_\_\_\_\_yes; \_\_\_\_\_no (please check one)

If yes, who is the person designated , and what is the relationship of that person to the  
deceased?

\_\_\_\_\_.

If disposition of the body of the deceased is not being made in accordance with one of  
the previous two provisions, then I hereby state that, in accordance with the provisions  
of Section 73-11-58 of the Mississippi Code of 1972, I am a person having authority to  
direct disposition of the body of the deceased by cremation or otherwise. I authorize  
that the body be cremated.

AUTHORIZATION CONFIRMATION

I further state that, to my knowledge, no person has a greater or equal priority to direct disposition of the body of the deceased by cremation, except as set forth below.

If there are persons having a greater or equal priority to direct disposition of the body of the deceased by cremation then I certify that I have conferred with all those persons and that they are in agreement with my authorization for the disposition of the body of the deceased by cremation. \_\_\_\_\_(initials of authorizing person)

If I have been unable to confer with the persons having a greater or equal priority for authorizing the disposition of the body of the deceased by cremation so as to be able to determine that they are in agreement with my authorization for disposition of the body of the deceased by cremation, then I understand from the Funeral Director that I must give notification to those persons of my authorization for cremation so as to be certain that there is no disagreement or dispute concerning disposition of the body of the deceased by cremation and that my authorization for disposition of the body of the deceased by cremation is lawful and controlling. The persons having greater or equal priority to authorize disposition of the body of the deceased, and to whom I must give notification, are as follows:

Name	Address & Phone#	Relationship to Deceased
1. _____	_____ Ph: _____	_____
2. _____	_____ Ph: _____	_____
3. _____	_____ Ph: _____	_____
4. _____	_____ Ph: _____	_____

AUTHORIZATION CONFIRMATION

At my request, the Funeral Director has provided me with cremation authorization forms to be signed by those persons having a greater or equal priority to authorize disposition of the body of the deceased.

I understand that, under Mississippi law, if a person having a greater or equal priority to authorize disposition of the body of the deceased does not exercise his/her right within five (5) days of my notifying him/her or within ten (10) days from the date of death, whichever is earlier, then such person shall be deemed to have waived his/her right to authorize disposition, and cremation may proceed.

I hereby certify that the foregoing information is true and correct to the best of my knowledge:

\_\_\_\_\_  
Signature of Person Authorizing Cremation

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

\_\_\_\_\_  
Date

WITNESS:

\_\_\_\_\_  
Funeral Director