

# SOUTH MISSISSIPPI CREMATIONS, LLC

P. O. BOX 518 • 400 Highway 11 N., Ellisville, MS 39437 • 601-477-2649

JACKET NUMBER \_\_\_\_\_

DATE \_\_\_\_\_

## CREMATION AUTHORIZATION AND DISPOSITION

### Authorization

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

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

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 South Mississippi Cremations, LLC

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

I (We) have read the attached document entitled "South Mississippi Cremations, LLC Policies, Procedures and Requirements", and hereby authorize South Mississippi Cremations, LLC to perform the cremation of the decedent in accordance with that document.

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

### Identification

Date of Death \_\_\_\_\_ Place of Death \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

Did the decedent die of natural causes? Yes \_\_\_\_\_ No \_\_\_\_\_

If No, please explain \_\_\_\_\_

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

If Yes, please explain \_\_\_\_\_

### Pre-Need Cremation Arrangements

Did the decedent arrange for his or her own cremation, on a pre-need basis? Yes \_\_\_\_\_ No \_\_\_\_\_

Did the decedent leave a will with written instructions to be cremated? Yes \_\_\_\_\_ No \_\_\_\_\_

Did the decedent execute a pre-need cremation contract? Yes \_\_\_\_\_ No \_\_\_\_\_

Did the decedent execute a pre-need cremation authorization form? Yes \_\_\_\_\_ No \_\_\_\_\_

Did the decedent leave oral instructions to be cremated? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, with whom \_\_\_\_\_

Did the decedent arrange for final disposition of the cremated remains? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe \_\_\_\_\_

### Pacemakers, Prostheses, Silicon and Radioactive Implants

Did the decedent's remains contain a silicon implant? Yes \_\_\_\_\_ No \_\_\_\_\_

**Please initial one of the next two paragraphs**

The decedent's remains do not contain a pacemaker, radioactive implant or any other 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 cremation by South Mississippi Cremations, LLC

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

ALL PACEMAKERS AND RADIOACTIVE IMPLANTS MUST BE REMOVED PRIOR TO CREMATION BY  
SOUTH MISSISSIPPI CREMATIONS, LLC

## Witnessing

Are there any people who wish to witness the casket or container being placed in the cremation chamber?

Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please provide their names \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Merchandise

Type of casket or container \_\_\_\_\_  
\_\_\_\_\_

Size and type of urn or container selected \_\_\_\_\_  
\_\_\_\_\_

## Final Disposition

After the cremation has taken place, the cremated remains have been processed and the processed cremated remains placed in the designated receptacle, South Mississippi Cremations, LLC will arrange for the disposition of the cremated remains as follows, and the Authorizing Agent(s) hereby authorizes South Mississippi Cremations, LLC to release, deliver, transport, or ship the cremated remains as specified.

1. \_\_\_\_\_ Deliver the cremated remains to \_\_\_\_\_  
cemetery, with which arrangements have already been made for the cremated remains to be \_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_ Deliver or \_\_\_\_\_ Release cremated remains to the following designated person: \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Scheduled Date of Delivery or Release \_\_\_\_\_

3. \_\_\_\_\_ Deliver the cremated remains to the U. S. Post Office for shipment by Registered, Return Receipt Mail  
to \_\_\_\_\_  
\_\_\_\_\_

for permanent disposition. (Attach a copy of carrier receipt)

4. \_\_\_\_\_ Deliver the cremated remains to \_\_\_\_\_ (name of carrier) for shipment  
in my name as cosigner to \_\_\_\_\_  
\_\_\_\_\_

(name and address of consignee) for permanent disposition. (Attach a copy of carrier receipt)

5. \_\_\_\_\_ Return cremated remains to arranging funeral home within 10 days.  
*(If options 3, 4, or 5 are selected, then I (We) agree to assume all liability that may arise from such shipment, and to indemnify and hold South Mississippi Cremations, LLC harmless from any and all claims that may arise from such shipment.)*

6. \_\_\_\_\_ Arrange for the disposition of the cremated remains at the discretion of South Mississippi Cremations, LLC. The Authorizing Agent(s) understands that if this option is selected, then final disposition may include the commingling of the cremated remains with other cremated remains, and that thereafter the cremated remains of the decedent shall not be recoverable.

7. \_\_\_\_\_ Other \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Initials of AA

# Authority of Authorizing Agent

I (We) hereby certify that the decedent left the following surviving heirs at law:

Spouse      Yes \_\_\_\_\_ No \_\_\_\_\_      Name \_\_\_\_\_

Children    Yes \_\_\_\_\_ No \_\_\_\_\_      How Many \_\_\_\_\_      Name(s) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parents     Yes \_\_\_\_\_ No \_\_\_\_\_      How Many \_\_\_\_\_      Name(s) \_\_\_\_\_

\_\_\_\_\_

Siblings    Yes \_\_\_\_\_ No \_\_\_\_\_      How Many \_\_\_\_\_      Name(s) \_\_\_\_\_

\_\_\_\_\_

If all responses are no, the person(s) in the next degree of kinship to the decedent is (are): \_\_\_\_\_

\_\_\_\_\_

If the legal next of kin or if all persons of the same degree of kinship are not signing below, a written explanation must be completed by the person(s) signing below as Authorizing Agent(s). Separate authorization(s), if necessary, shall be attached to, and considered part of, this form.

Therefore, 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 \_\_\_\_\_, 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 specified.

## Limitation of Liability

As the Authorizing Agent(s) I (We) hereby do indemnify, defend, and hold harmless South Mississippi Cremations, LLC its officers, agents and employees, of and from any and all claims, demands, causes or causes of actions, 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 South Mississippi Cremations, LLC 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 exploding implants, claims brought by any other persons(s) claiming the right to control the disposition of the decedent or the decedent's cremated remains, or any other action performed by South Mississippi Cremations, LLC, 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 were made to induce South Mississippi Cremations, LLC 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 \_\_\_\_\_

Address \_\_\_\_\_

Phone No. ( \_\_\_\_\_ ) \_\_\_\_\_ Relationship \_\_\_\_\_

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

Address \_\_\_\_\_

Phone No. ( \_\_\_\_\_ ) \_\_\_\_\_ Relationship \_\_\_\_\_

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

Address \_\_\_\_\_

Phone No. ( \_\_\_\_\_ ) \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Case No. \_\_\_\_\_

Date of Cremation \_\_\_\_\_, 20 \_\_\_\_\_

Time Cremation Started \_\_\_\_\_ AM  
PM

Time Cremation Completed \_\_\_\_\_ AM  
PM

Type of Container \_\_\_\_\_

Remarks \_\_\_\_\_

\_\_\_\_\_  
Signature of Operator

\_\_\_\_\_  
Signature of Funeral Director as Witness  
for Signature(s) of Authorizing Agent(s)

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

## Representation of Funeral Director

By executing this authorization form as a licensed funeral director and agent/employee of the funeral home indicated above, I warrant to the best of my knowledge the following:

1. That our funeral home was responsible for making arrangement with the Authorizing Agent(s) for the cremation of decedent and that I have reviewed this authorization form with the Authorizing Agent(s).
2. That no member of our funeral home has any knowledge or information that would lead us to believe that any of the answers provided on this form, by the Authorizing Agent(s), are incorrect.
3. That the human remains delivered to South Mississippi Cremations, LLC and represented as the human remains specified on this form are in fact the human remains that were identified to our funeral home as the decedent.
4. That our funeral home obtained all necessary permits authorizing the cremation of the decedent, and that those permits are attached.
5. That the representations contained above concerning the decedent's cause of death and regarding any infectious or contagious disease are true.
6. That the representations contained above concerning a pacemaker and any other material or implant that may be potentially hazardous are true.