

**WESTCOTT FUNERAL HOME**  
1013 E. MINGUS AVE., COTTONWOOD, AZ 86326  
631 1ST STREET CAMP VERDE, AZ 86322  
(928)-634-9566

AUTHORIZATION FOR CREMATION AND DISPOSITION

**Identity as Authorizing Agent**

I/We hereby certify that I/We have full legal authority to authorize the cremation, processing and disposition of the cremated remains of:

\_\_\_\_\_ (the "deceased")

Who died on the \_\_\_\_ day of \_\_\_\_\_ 20 ----- . And I/We hereby request, authorize and direct Westcott Funeral Home to take possession of, cremate, process and make disposition of the cremated remains of the Deceased in accordance with and subject to: (a) the terms and conditions set forth in this Authorization, (b) the Funeral Home's and the Crematory's rules and regulations (c) any applicable or local laws, rules and regulations.

**Crematory to cremate and dispose as directed.**

1. The crematory agrees only to cremate the Deceased's remains and dispose of the cremated remains as directed herein. No warranties, expressed or implied are made and damages shall be limited to fee paid.

**Cremation /suitable container**

2. I/We hereby acknowledge and understand the process known as cremation is the act of reducing the body by fire to skeletal bone fragments which will be pulverized to permit their insertion in an urn (container). A body will not be accepted for cremation unless it is in a suitable rigid container.

**Notice of infectious/contagious disease**

3. I/We state that I/We have notified the funeral home of any infectious or contagious disease. I understand that if I/We do not notify the Funeral Home about a death by infectious disease, that I/We will be liable for any damages to the crematory or injury to the crematory personnel.

**Material/possession removal and/or disposal of.**

4. I/We understand that due to the nature of the cremation process any valuable material, including dental gold, will either be destroyed or not recoverable. Accordingly, I/We represent and warrant to the Crematory that any personal possessions of the deceased have either been removed from the remains or may be removed and disposed of by Westcott Funeral Home or by the Crematory in any manner sees fit.

**Presence of implanted mechanical devices**

\_\_\_\_\_. 5. Mechanical devices implanted may create a hazardous condition when placed in a cremation chamber. I/We understand that the Crematory will not, therefore, cremate any human remains which contain any type of implanted mechanical device. I/We further certify that the remains of the Deceased (do/do not) contain any type of implanted mechanical device. In the event the remains do contain such a device, I/We hereby authorize and instruct the Westcott Funeral Home, it's agents and employees, to contact the appropriate persons to secure the removal of any and all mechanical devices from the remains prior to commencement of the cremation process. I/We also agree that the removed pacemaker may be sent to a reconditioning company. I/We also agree to indemnify the Funeral Home and Crematory, it's affiliates, and their agents and employees, against loss from any and all claims, demands and damages which may be made or declared against it or them by reason of my/our failure to timely disclose the existence of such an implanted mechanical device or devices. If the mechanical device is not removed and Westcott funeral Home or the Crematory does not receive proper notice of it's existence, the person signing this authorization shall be responsible for any damages resulting from an explosion in the cremation chamber and the Funeral Home and the Crematory will not be responsible or accept any liability under those circumstances.

**Mailing of cremains liability**

6. I/We acknowledge that if the cremains are to be mailed they will sent registered mail. I/We agree to assume all liability for any damages that may arise from any or all claims growing out of said mailing and to indemnify and hold harmless the funeral Home and the crematory from any and all claims related to mailing. The undersigned agrees to pay the charge for such delivery. The cremated remains may be sent in any other manner the customer wishes for a reasonable charge. the Crematory will make every effort to package the cremated remains in such a manner as for them to be delivered in good condition,

**Cremation Provider**

7. I understand that I may choose the facility that performs the cremation procedure, I choose:

Mt. View Crematory, Prescott       Other

**Disposition of cremated remains**

8. In order to avoid any confusion or misunderstanding the Funeral Home is authorized and instructed to make final disposition of the cremated remains as follows:            TO BE AVAILABLE AT WESTCOTT FUNERAL HOME

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**Unclaimed cremated remains**

9.. If permanent arrangements for final disposition of the cremated remains are to be carried out by the undersigned (or their duly authorized representative) and have not been completed within 30 days after the notification of their availability for final disposition, I/We authorize the Funeral to dispose of any said cremains in any lawful manner. To hold the cremains for further instructions the Funeral Home there may be a monthly charge of \$75.00 in which must be paid in advance after 30 days.

**Indemnification**

10. I/We further agree to indemnify and hold harmless the Funeral Home and the Crematory, it's affiliates, and their employees, from and any all liability of any kind (except for willful or intentional misconduct), or claim, for whatsoever they, or any of them, may do.

**Authorizing agents signatures**

\*Unless previously authorized by the Deceased in accordance with applicable state law, no cremation may take place with out written authorization from the nearest of kin of the Deceased, or the Deceased's legal representative. the nearest of kin is the person or persons described below in the following order: (a) Surviving spouse, (b) Surviving children (not minors), (c) Surviving parents, (d) Surviving brothers and sisters, (e) Surviving aunts and uncles, (f) Surviving first cousins, etc. if authorization is made by other than spouse, individual authorizations must be made by: 1. All children (not minors) or 2. The father/mother (both if living) or 3. All brothers/sisters or 4. lesser relatives or 5 Order of the Supreme Country where the deceased is to be created. IF THE NEAREST OF KIN IS A CHILD, OR A BROTHER OR SISTER, IT IS MANDATORY THAT A MAJORITY OF THE CHILDREN OR A MAJORITY OF THE BROTHERS AND SISTERS SIGN.

By my/signature on this form I/we hereby certify that I/we have read and understand all of the above and that I/we are legally entitled to authorize the cremation of the deceased. I/we also agree to take all legal responsibility involved with the cremation of the deceased including any family or legal disputes caused by my/our failure to timely disclose the existence of any other people who are legally entitled to order the cremation of the deceased.

Signed \_\_\_\_\_ Relationship \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Telephone (    ) \_\_\_\_\_ SOCIAL SECURITY# \_\_\_\_\_

Signed \_\_\_\_\_ Relationship \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Telephone (    ) \_\_\_\_\_