

**California Crematory**  
1553 N. Backer - Fresno, California 93703  
**AUTHORIZATION FOR CREMATION AND DISPOSITION**

The undersigned requests and authorizes California Crematory, in accordance with and subject to its rules and regulations and the appropriate section of the California Health & Safety Code, to cremate and process in a manner suitable for interment the remains of:

**DECEDENT:** \_\_\_\_\_

**DECEDENT'S LAST RESIDENCE:** \_\_\_\_\_

**NOTE:** California law provides "Any person signing any authorization for the interment or cremation of any remains warrants the truthfulness of any fact set forth in the authorization, the identity of the person whose remains are sought to be interred or cremated, and his or her authority to order interment or cremation. He or she is personally liable for all damage occasioned by or resulting from the breach of such warranty."

I (We) certify that the decedent did not give directions that his/her remains not be cremated, and that (initial on all applicable lines):

- \_\_\_\_\_ I am making this authorization for myself.
- \_\_\_\_\_ I am the Agent under a Durable Power of Attorney for Health Care (attach a copy of the Durable Power of Attorney).
- \_\_\_\_\_ I am the surviving spouse of the decedent. \_\_\_\_\_ I am the Registered Domestic Partner of the decedent
- \_\_\_\_\_ I am (We are) the surviving child (children- all or majority). \_\_\_\_\_ Number of children.
- \_\_\_\_\_ I am (We are) the surviving parent (parents). \_\_\_\_\_ Number of parents
- \_\_\_\_\_ I am (We are) all or a majority of the surviving sister(s) and brother(s) \_\_\_\_\_ Number of sisters and brothers.
- \_\_\_\_\_ Other Name & relationship \_\_\_\_\_

**1. Cremation Container.** The Crematory will not accept the remains of the Decedent for cremation unless they are in a leak resistant, rigid combustible cremation container or casket. I authorize the Crematory to remove and dispose of handles, ornaments or other non-combustible parts of the cremation container or casket.

**2. Mechanical or Radioactive Devices.** Mechanical or radioactive devices, such as pacemakers, may be a hazard if placed in the cremation chamber. The Crematory will therefore not knowingly cremate any remains which contain such a device.  
I certify that the remains of the Decedent DO \_\_\_\_\_ DO NOT \_\_\_\_\_ (Initials) contain a mechanical or radioactive device.  
If the decedent's remains do contain such a device, I authorize the Crematory/Funeral Home to arrange for the removal of the device prior to the cremation. I authorize the Crematory or its agent to lawfully dispose of any such device unless other Instructions are given here. (PACEMAKERS CAN ONLY BE RETURNED TO THE MANUFACTURER) List all implanted mechanical or radioactive devices here.

I agree to indemnify and hold the Crematory harmless from any and all claims or damages, including damage to the retort(s) or injuries suffered by the Crematory's employees, which arise from my failure to timely notify the Crematory of any mechanical or radioactive implants in the body of the Decedent.  
INITIAL: \_\_\_\_\_

**3. Mementos, Jewelry, Dental Gold/ Silver & Other Foreign Materials.** Items such as personal mementos, jewelry, dental gold and silver, prostheses and other foreign materials placed in the cremation chamber with the Decedent will either be destroyed or rendered unrecognizable. If any such items are recovered from the cremation chamber I authorize the Crematory to dispose of them.

**4. The Cremation Process.** I acknowledge the following: The human body burns with the casket, container, or other material in the cremation chamber. Some bone fragments are not combustible at the incineration temperature and, as a result, remain in the cremation chamber. During the cremation, the contents of the chamber may be moved to facilitate incineration. 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 of 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 interment 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, or scattered at sea.

**5. Time of Cremation.** The cremation will take place after all required permits are obtained, this completed and signed Authorization is received by the Crematory, and after any scheduled funeral ceremony at which the decedent's body is to be present has been concluded. The Crematory will perform the cremation according to its schedule (unless a specific date and time is requested in section 9), and at its discretion, without obtaining any further authorizations or instructions, unless the right of the person signing this document to authorize the cremation is contested by someone. In that event the Crematory may delay the cremation while it determines whether and how to proceed. The normal cremation process may take a minimum of 8 working days to a possible 18 days.

**6. Viewing of Remains/ Witness Cremation** Minimal preparation is required and additional charges will apply  
I WOULD like to view the deceased's remains \_\_\_\_\_ initials Would like to Witness cremation \_\_\_\_\_  
I DECLINE viewing the deceased's remains \_\_\_\_\_ initials Decline to Witness cremation \_\_\_\_\_

**7. Weight Limits.** Due to limitations on the cremation chamber, standard cremation fees apply to decedents less than 250 lbs. In the event the Decedent is over 250 lbs, additional charges will apply.

I certify that the Decedent is under 250 lbs. YES \_\_\_\_\_ NO \_\_\_\_\_ (Initials) Decedent's weight \_\_\_\_\_

**8. Disposition.** I authorize the Crematory to release the cremated remains back to the Funeral Home to take the action I've indicated below with respect to the cremated remains of the Decedent.

**Urn / Container Description:**

\_\_\_\_\_

**Deliver to cemetery:**

\_\_\_\_\_  
(Name, Address, and Telephone Number)

**Release to:**

\_\_\_\_\_  
(Name & Telephone Number)

[NOTE: I understand that if the remains are not picked up within twenty (20) days after the cremation, the Funeral Home may either scatter the remains at sea or deliver the remains to a licensed cemetery for final disposition in a manner which may make the remains non-recoverable.]

**Mail to:**

\_\_\_\_\_  
(Name & Address)

[NOTE: Remains will be mailed via U.S. Postal Service, registered with return receipt requested. I understand that the Funeral Home is acting solely as my agent in mailing the remains, and I agree that the Funeral Home shall not be liable if the remains are lost or damaged while in the custody of the U.S. Postal Service.]

\_\_\_\_\_ **Scatter at sea in Pacific Ocean**

\_\_\_\_\_ **Scatter in the Sierra Mountains** (according to California State Law)

(Initials required only if this option was selected)

[NOTE: I understand that the Funeral Home is acting solely as my agent as an accommodation to me in arranging for the scattering of the remains. I agree that the Funeral Home shall not be liable for any failure by the providers of the services selected above.]

**9. Special Instructions.** Indicate special instructions below, *including request to witness the cremation:*

\_\_\_\_\_

**10. Obligation of Crematory; Limitation on Damages.** The obligation of the Crematory shall be limited to the cremation of the Decedent and the disposition of the cremated remains as directed herein. I agree to release and hold the Crematory, its affiliated companies and their employees and agents harmless from any and all loss, damages, liability or causes of action (including attorneys' fees and costs of litigation) in connection with the cremation and disposition of the cremated remains as authorized herein, or the failure to properly identify the Decedent or to take possession of or make arrangements for the permanent disposition of the cremated remains. No warranties, express or implied, are made by the Crematory and damages shall be limited to the refund of the fee paid for the cremation.

**Signature:** The following persons authorize the cremation and disposition of the Decedent named above, and agree that a facsimile copy of this Authorization shall be as valid as an original.

\* \_\_\_\_\_  
Date Signature Print Name Relationship to Decedent

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

\* \_\_\_\_\_  
Date Signature Print Name Relationship to Decedent

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

\* \_\_\_\_\_  
Date Signature Print Name Relationship to Decedent

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

**Cremation Society of Central California**

Mortuary

Counselor Signature

**For more information on Funeral, Cemetery, and Cremation matters contact:** State of California Department of Consumer Affairs  
Cemetery and Funeral Bureau 1625 North Market Boulevard, Suite S-208, Sacramento, California 92834, (916) 574-7870.