



Ertel Funeral Home & Crematory

42 North Market Street ~ Cortez, CO 81321

Telephone 970-565-3468

www.ertelfuneralhome.com

J. Walter Ertel ~ 1892-1962
Walter E. Ertel
Keenan G. Ertel
Kinsey H. Ertel

TAG# _____ DATE _____

CREMATION and DISPOSITION AUTHORIZATION

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

I/We, the undersigned, certify and represent that I/We have the full legal right and authority to authorize the cremation and disposition of the remains of:

_____ (hereinafter referred to as the "Deceased")
(Name of Deceased)

Date of Death: _____ Date of Birth: _____

I/We hereby authorize Ertel Funeral Home & Crematory hereinafter referred to as the "Funeral Home" and "Crematory" to take possession of and make arrangements for the cremation of the Deceased at their facility in Cortez, CO.

I/We authorize Ertel Funeral Home & Crematory to arrange for the disposition of the cremated remains of the Deceased as follows:

- Release to: _____
Home Phone: _____ Cell: _____
Type of Urn: _____ Cremation Jewelry: _____
- Ship via U.S.P.S. Express Mail to: Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Type of Urn: _____
- Burial at: _____
Address: _____
Type of Urn: _____
- Other: _____
Type of Urn: _____

The Funeral Home and Crematory will not be held responsible for any loss or damage of the cremated remains of the Deceased when shipped by U.S. Registered/Express Mail. I/We agree to release and hold harmless the Funeral Home and Crematory from any and all claims relating to shipping the remains of the Deceased via U.S. Registered/Express Mail.

I/WE CERTIFY THAT THE REMAINS OF THE DECEASED (*Initial one*) _____ DO _____ DO NOT
CONTAIN ANY TYPE OF IMPLANTED MECHANICAL OR RADIOACTIVE DEVICE

Description of Implanted Device	Disposition
Description of Implanted Device	Disposition

I/We hereby authorize the Funeral Home to remove any such mechanical or radioactive devices from the remains of the Deceased prior to cremation and dispose of such items in accordance with these instructions. If there is no instruction for the disposition of the implanted devices, the Funeral Home will dispose of such items at its discretion.

AUTHORIZATION FOR CREMATION AND DISPOSITION

Name of Deceased

Date of Death

I/We acknowledge that neither the Funeral Home nor the Crematory is responsible for removing any items of value such as jewelry from the remains of the Deceased prior to the cremation process, and I/We agree to hold harmless the Funeral Home and Crematory from any and all liability for the loss or destruction of any such item.

I/We understand that certain items accompanying the Deceased may be destroyed during the cremation process. I/We authorize that if any items other than the cremated remains of the Deceased are recovered from the cremation chamber, they may be separated from the cremated remains of the Deceased and disposed of by the Crematory. Those may include non-combustible materials, hinges, latches, nails, jewelry or precious metals.

Following the cremation, the cremated remains of the Deceased, consisting primarily of bone fragments, will be mechanically pulverized to an unidentifiable consistency prior to placement in an urn or other container.

In the event the urn or container is insufficient to accommodate all of the cremated remains of the Deceased, any excess cremated remains will be placed in a secondary container and returned to the designated recipient together with the primary container.

In the event the cremated remains of the Deceased remain unclaimed for a period of thirty (30) days after the cremation, the Funeral Home shall give written notice by Certified Mail to me/us and to the person designated on the Authorization for Return of Cremated Remains Form. I/We agree that in the event the cremated remains of the Deceased remain unclaimed for a period of thirty (30) days after such written notification is mailed, the Funeral Home is authorized and directed to mail the unclaimed cremated remains of the Deceased by U.S. Registered/Express Mail to the individual who signed the Authorization for Cremation.

I/We agree to indemnify, release and to hold the Funeral Home and Crematory harmless from any and all loss, damages and liability (including attorney's fees and expenses of litigation) in connection with the cremation and disposition of the cremated remains of the Deceased, as authorized herein, or my/our failure to correctly identify the remains of the Deceased, disclose the presence of any implanted mechanical or radioactive devices, or take possession of, or make permanent arrangements for the disposition of such remains.

Except as set forth in the Authorization, no warranties, expressed or implied, are made by the Funeral Home, Crematory or any of their respective affiliates, agents, or employees.

SIGNATURE OF PERSON(S) AUTHORIZING CREMATION AND DISPOSITION

I/We warrant that all representations and statements made herein are true and correct, and that I/we have read and understand the provisions contained in this document.

Signature: _____
Print Name Relationship to the Deceased

Address: _____ Tel.No. _____
Street City, State, Zip

Signature: _____
Print Name Relationship to the Deceased

Address: _____ Tel.No. _____
Street City, State, Zip

Notary Signature: _____ Date: _____
Print Name

Witnessed By My Hand & Official Seal:

My Commission Expires: _____

I hereby acknowledge receipt of above named cremated remains: _____

Date: _____ Print Name: _____