

Ertel Crematory
101 N. Market Street
Cortez, CO 81321

CREMATION and DISPOSITION
AUTHORIZATION

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TAG# _____

The State of Colorado and Ertel Crematory requires that this Cremation and Disposition Authorization form be fully completed prior to scheduling the cremation process. THIS IS A LEGAL DOCUMENT. READ IT CAREFULLY. Cremation will take place in accordance with all rules and regulations of the Crematory and all Federal, State and County laws. You need to fully understand the contents in this Form. We are pleased to answer any questions about this document, the cremation process or other information that will be helpful to you.

*This Cremation and Disposition Authorization form is not a contract for cremation services.
A separate contract or contracts will be required to purchase the services of a funeral home or other provider.*

IDENTIFICATION OF DECEDENT

Name of Decedent: _____ Date of Death: _____

Place of Death: _____ Sex: _____ Age: _____ Date of Birth: _____

The cremated remains are to be delivered to: _____

Note: Photo identification will be required before cremated remains may be released. In the event that Authorizing Agent(s) directs that cremated remains be proportioned and placed in multiple keepsake-type urns, this will take place at the funeral home by funeral home personnel, not by the crematory. The Authorizing Agent(s) understands that the services of the crematory will have been fully completed when the cremated remains are delivered to the place of disposition or designated receiver or US Postal Service. The crematory only acts as an agent in carrying out disposition instructions. The Authorizing Agent(s) assumes all liability for any damages or loss that may arise from such disposition instructions and/or delivery and/or release and agrees to indemnify and hold the crematory harmless from any and all claims arising from these instructions. In the event that Authorizing Agent(s) desires scattering of cremated remains, it is understood that scattering can only be done by funeral home personnel, not crematory personnel. Additionally, Authorizing Agent(s) understands that scattering is irreversible and makes the cremated remains unrecoverable in whole or in part.

Cremation is irreversible. Verification of the identity of the decedent is required prior to scheduling. The following method was used:

- _____ The Authorizing Agent(s) has viewed the remains and positively identified them as the decedent named above (Attach Verification document)
- _____ The *designated-in-writing* personal representative of the Authorizing Agent(s) has viewed the remains and positively identified them as the decedent named above (Attach Verification document)
- _____ Other (specify in detail) _____

Each and every undersigned individual represents that he/she/they are related to the decedent as _____ (spouse, children, parents, or other legal representative) and that they are the nearest relative of the decedent and constitute the majority of the class of such nearest relatives to the decedent. The undersigned further represent that after reasonable inquiry they are aware of no criminal proceedings which would prohibit disposition of the body by cremation nor are they aware of any testamentary or living wills, pre-need funeral contracts or other written expressions of the decedent contrary to the authorization herein to cremate. The Authorizing Agent(s) acknowledges that the funeral home and crematory are relying upon the representations made by the Authorizing Agent(s). The Authorizing Agent(s) certify that all information and statements contained in the Cremation Authorization and Disposition document are accurate and no omissions of any material fact have been made. Authorizing Agent(s) understand and agree that the obligations of the crematory shall be limited to the cremation of the Decedent and the release and/or disposition of the Decedent's cremated remains as specified on this form. No warranties express or implied are made. Damages are limited to the amount of the cremation fee paid. The Authorizing Agent(s) agrees to indemnify, defend and hold harmless the funeral home and crematory, its officers, directors, employees and agents from any and all claims, causes of action, suits of any nature, in law or in equity, cost or expense of litigation, arising as a result of, based upon or connected with the instructions in this form, including the failure to properly identify the Decedent, the failure to take possession of the cremated remains, disposition of the cremated remains, damage due to harmful or explodable implants-devices in or on the Decedent's remains, claims by other person(s) asserting their right to control disposition of the Decedent or the Decedent's cremated remains, excepting only acts of willful negligence by the crematory.

Once all legal documents have been secured and this Authorization Form has been fully completed and delivered to the crematory, the Authorizing Agent requests:

___ The crematory may perform the cremation at a time convenient to their work schedule and without any further notification to the Authorizing Agent

OR: The crematory is to use its best efforts to schedule the cremation of the Decedent in accordance with the schedule set forth below:

Date of cremation: _____ Time of cremation: _____ Who is to be present: _____

THE CREMATION PROCESS: Cremation will occur only after all funeral activities have taken place. Only human remains will be cremated by the Ertel Crematory, on an individual basis and by appointment only. The deceased is placed into a casket-container which is then placed into the cremation chamber. Through the use of a suitable fuel, the Decedent and the container are subjected to intense heat and direct flame with all contents incinerated with the exception of bone fragments (calcium compounds) and metal (including dental gold-silver and other non-human materials) as the temperature is not sufficient to consume these materials. During the process, it may be necessary to open the chamber and reposition the Deceased in order to facilitate thorough cremation. Any personal possessions, either valuable or of a sentimental value, that are left with the Decedent and **not removed** from the casket-container prior to the start of cremation will be destroyed or otherwise non-recoverable (this includes such things as body prostheses, dental bridgework, dental gold or silver, jewelry, clothing, photographs, letters, etc.) and will be disposed of by the crematory. The Authorizing Agent understands and agrees that arrangements must be made with the funeral home in advance of delivering the Decedent to the crematory to remove any such possessions or valuables. Crematory personnel will not open any casket-container and will not remove personal possessions from inside the casket-container. Following a cooling period, the cremated remains, which weigh several pounds in the case of an average-size adult, are then collected from the cremation chamber by sweeping and/or raking. The crematory makes a reasonable effort to remove all of the recoverable cremated remains but some dust and residue from the process is left behind in cracks and crevices inside the chamber. In addition, while every effort is made to avoid commingling, inadvertent and incidental commingling of minute particles of cremated remains from previous cremations is unavoidable. After the cremated remains are removed from the cremation chamber, non-combustible materials (bridgework, hinges, latches, screws from the casket-container) to which some bone residue will be affixed, is separated and removed from the cremated remains by visible or magnetic means so that only human bone fragments remain. Non-combustible materials will be disposed of by the crematory. When the cremated remains are removed from the cremation chamber, they will be processed to a manageable consistency. **Unless otherwise specified by the authorizing agent**, the cremated remains will be mechanically pulverized into granulated particles of unidentifiable dimensions, rendering them unrecognizable as human remains. This process may also cause inadvertent and incidental commingling with remains from previously processed remains. When completed, the pulverized cremated remains will be placed into a designated urn container.

PACEMAKERS, IMPLANTS, PROSTHESES, MECHANICAL DEVICES: These medical devices may create a hazardous condition when placed into a cremation chamber and subjected to heat and direct flame. Such devices must be removed prior to delivery of the Decedent to the crematory. If such devices are not disclosed, Authorizing Agent will be liable for damages to the crematory and/or personnel. The following describes all devices-materials which may have been implanted or attached to the Decedent:

Description: _____

___ The Decedent does **not** contain any of the devices-materials described above **OR**

___ As Authorizing Agent, I (we) instruct the Funeral Home to remove or arrange for the removal of such devices listed above and acknowledge that a charge may be made for services in removing said devices and further instruct the funeral home to dispose of said devices.

Signature of Authorizing Agent(s)	Relationship	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

Mortuary in Charge: _____

I hereby acknowledge receipt of above named cremated remains: _____

Date: _____ Address: _____