



***Authority to Cremate & Order for Disposition***

**Date:** \_\_\_\_\_ I/We the undersigned, hereby request and authorize Moser Funeral & Cremation Service to take possession of and make arrangements for the cremation of \_\_\_\_\_ and the final disposition of the Decedent named below in accordance with and subject to the provisions set forth in this document, and in accordance with and subject to their rules and regulations, and any applicable state or local laws or regulations.

**Name of Deceased:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Date of Death:** \_\_\_\_\_ **Place of Death:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_ **Marital Status:** \_\_\_\_\_

I, \_\_\_\_\_, (**Relationship**) \_\_\_\_\_ hereby certify that I have the legal right to arrange for the cremation and disposition of the cremated remains of the above named deceased. In addition, I am aware of no objection to this cremation by any spouse, child, parent or sibling.

In requesting cremation, I acknowledge that such is an irreversible act, and therefore, I do hereby authorize cremation with full knowledge that the Funeral Director is acting solely upon my direction. I/We, the undersigned do hereby agree to indemnify and hold Moser Funeral Service and the crematory, it's agents, officers & employees, of the above named funeral home harmless from any and all claims, suits or cause of action, including a reasonable attorney's fee for the defense thereof, brought by any person, firm or corporation or the personal representative thereof.

**NOTICE:** Heart pacemakers, radiation producing implant devices, or any other life sustaining device may cause an explosion or damage in the cremation chamber. If the crematory does not receive notice, the person or persons authorizing cremation shall be held responsible for any damage resulting thereof. If such a device exists, I/We have instructed the funeral director or any others responsible for the removal of such device.

***I HEREBY CERTIFY THAT I HAVE READ AND UNDERSTAND THE ABOVE NOTICE.*** \_\_\_\_\_ (*Initials*)

I/We authorize Moser Funeral Service to deliver the remains to the crematory for cremation. I further state that I/We have made such inquiry as is necessary to determine whether or not the remains of the deceased contains any of the above specified implant devices and certify that it does not.

I/We understand that due to the nature of the cremation process any jewelry, personal material and valuables, to include dental gold and silver, will be destroyed, and or rendered unrecoverable, unless they are removed at my specific direction noted below.

I/We further understand that I will indemnify and hold harmless Moser Funeral Service, crematory, their officers and employees from any liability, costs, expenses, or claims resulting from this authorization.

**DISPOSITION OF CREMATED REMAINS:**

Release to     Ship to     Other \_\_\_\_\_

Specific Directions: \_\_\_\_\_

Signed: \_\_\_\_\_ (Relationship) \_\_\_\_\_

Signed: \_\_\_\_\_ (Relationship) \_\_\_\_\_

Moser Funeral Service signature: \_\_\_\_\_ Date: \_\_\_\_\_