

**AUTHORITY TO CREMATE**

**Cremation ID#** \_\_\_\_\_

Community Crematory of Whittier 13304 E. Philadelphia St. Whittier, CA. 90601 (562) 698-0304

Subject to your rules and regulations, I/we, the undersigned, hereby authorize and direct Community Crematory of Whittier to cremate, or cause to be cremated, the remains of: \_\_\_\_\_

Decedent Address: \_\_\_\_\_

and to release the cremated remains to White Emerson Mortuary (562) 698-0304

for final disposition as follows: \_\_\_\_\_

Description of container for cremated remains: \_\_\_\_\_

The undersigned acknowledges reading and understanding the following statement: "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 cremation, the content 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 inurnment 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." (Health and Safety Code Section 7054.7(b)).

The undersigned authorizes the crematory to make a reasonable effort to recover all metal removed from the chamber with the remains, to discard metal used in construction of the casket or container, prosthesis and other metal, and to place in the cremated remains container recovered dental gold and silver, jewelry or mementos that are identified as belonging to the decedent. If the cremated remains container is of insufficient capacity to accommodate all cremated remains, I/we acknowledge any excess will be placed in secondary cremated remains container at no additional cost. (Health and Safety Code Sections 7051 and 8345.)

The undersigned warrants that the remains do not contain a pacemaker, silicone, other explodable implants or devices. X \_\_\_\_\_

In the event I/we have not claimed the cremated remains within ninety (90) days from the date of cremation, the undersigned hereby authorizes Community Crematory of Whittier to inter the cremated remains in such a manner as Community Crematory of Whittier may deem appropriate.

The undersigned hereby acknowledges that, unless the decedent prior to death directed his or her own disposition, the right to control vests in and devolves upon the following in the order named: (1) Durable Power of Attorney for Health Care (2) The surviving spouse. (3) The surviving child or children of the deceased, provided that, in the absence of actual knowledge to the contrary, a funeral director or cemetery authority may rely on instruction given by a child or children who represent (A) that they are the sole surviving child or children; (B) that they constitute a majority of the surviving children; or (C) that they have used reasonable efforts to notify all other surviving children of their instructions and are not aware of any opposition to those instructions on the part of one-half or more of all surviving children. (4) The surviving parent or parents of the decedent. (5) The person or persons respectively in the next degrees of kindred." (Health and Safety Code Section 7100).

I/We have read and understand this entire document, and hereby certify that I/we have the right to control the disposition of the remains and agree to indemnify and hold harmless Community Crematory of Whittier, the funeral director, and their respective agents from any and all liability which may arise from this authorization, the cremation, the processing, or the subsequent release of the cremated remains.

1. \_\_\_\_\_  
Signature of Authorizing Agent Relationship \_\_\_\_\_

Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

2. \_\_\_\_\_  
Signature of Authorizing Agent Relationship \_\_\_\_\_

Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

3. \_\_\_\_\_  
Signature of Authorizing Agent Relationship \_\_\_\_\_

Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

Funeral Director: \_\_\_\_\_  
Signature Date \_\_\_\_\_