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Cremation and Disposition Authorization

			Cremation and Disposition Authorize	
			s important provisions concerning cremersible and final process.	ation. Please read this entire document
NAME OF D	ECEDENT: _			SEX:
DATE OF B	RTH:		DATE OF DEATH:	SSN:
	Washington Cre		ereby authorize and request Barton Fam matory"), its agents and employees, to c	ily Funeral Service, First Cremation remate and process the human remains
and according The Cremate	ng to its time scl ory requires tha	hedule, as work p t the remains be p	matory may perform the cremation upor ermits, without obtaining any further aut blaced in a combustible, leak resistant rincombustible residue, handles or other	gid container for cremation. The
			<u>AUTHORIZATION</u>	
•		closest living next to all state and lo	of kin of the Decedent or are otherwise cal laws.	empowered and authorized to execute
		to this cremation be by the Deceder		g of the Decedent, or of provision of any
Washington, hereby order	as the Decede them cremated	nt. All personal p	identify the human remains that I/we rel roperty, clothing and or valuables have to s. I understand that any personal proper the cremation process, and therefore wi	peen removed from the remains or I ty, clothing or valuables, including denta
First Call Plu resulting from agreements	is of Washington their reliance herein, includin	n LLC, its officers on or performand g but not limited t	es, Barton Family Funeral Service LLC, I s, directors, agent and employees, from the consistent with the direction, declarati o, claims brought by any other persons cremated remains.	on, representation, authorizations and
contained he	erein are true ar		<u> </u>	all representations and statements rematory and the undersigned has read
		DIS	POSITION OF CREMATED REMAINS	
			uthorized Agent, the cremated remains orized Agent at any Barton Family Fune	will be delivered to an Authorized Agent ral Service office.
IMPORTAI	NT: IF THE AU		NT IS NOT AN INDIVIDUAL SUCH AS A	
Sign Here —	Signature:	X	Telephone Nu	mber:
	Print Name:		Relationship:	
	Address:			
Sign Here —	→ Witness:	X	Date:	

Relationship:

Print Name:



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Cremation and Disposition Authorization

Decedent

Mechanical Devices and Implants: Mechanical Devices and Implants in the Decedent may create a hazardous condition when placed in a cremation chamber and subjected to heat. The Crematory will not cremate any human remains that contain any mechanical device or implants such as a defibrillator, cardiac pacemaker or insulin pump.

I HEREBY CERTIFY THAT REMAINS OF THE DECEDENT DO NOT CONTAIN ANY TYPE OF MECHANICAL OR RADIOACTIVE DEVICE.

Listed below are all implanted, mechanical, radioactive devices, or surgical implants that the funeral home is authorized to remove from the remains of the Decedent prior to cremation and to discard or otherwise destroy said items

DESCRIPTION:			
Sign Here →	SIGNATURE OF AUTHORIZED AGENT:	X	

CREMATION PROCESS

The human remains of the decedent are placed in a combustible casket or other container and delivered to the crematory. All cremations are performed individually. The cremation process begins with the placement of the casket/container in the cremation chamber where it is subjected to intense heat and flame reaching temperatures of 1400 to 1800 degrees Fahrenheit. After approximately two and one half hours, all substances are consumed or driven off; except bone fragments (calcium compounds) and metals, as the temperature is not sufficiently high enough to consume them. During the cremation process it may be necessary to open the cremation chamber and reposition the deceased in order to facilitate a complete and thorough cremation.

Due to the nature of the cremation process any personal possessions or valuable materials, such as dental gold or jewelry (as well as body prostheses or dental bridgework); that are left with the decedent and not removed from the casket or container prior to cremation will be destroyed or will otherwise not be recoverable. The Authorized Agent understands that arrangements must be made with the Funeral Home to remove such possessions or valuables prior to the time that the decedent is transported to the Crematory.

Following an appropriate cooling period, the cremated remains are swept or raked from the cremation chamber. The Crematory makes all reasonable efforts, and uses it best efforts, to remove all of the cremated remains from the cremation chamber, but it is impossible to remove all of them, as some dust or other residue from the process are always left behind. In addition, while every effort will be made to avoid commingling, there will be inadvertent or incidental commingling of minute particles of cremated remains from the residue of previously cremated remains, and the Authorizing Agent understands and accepts this fact.

After the cremated remains are removed from the cremation chamber, the skeletal remains often contain recognizable bone fragments. Unless otherwise specified, after the bone fragments have been separated from the other material, they will then be mechanically processed (pulverized). This process of crushing or grinding may cause incidental commingling of the remains with the residue from the processing of previously cremated remains. These granulated particles of unidentifiable dimensions will be virtually unrecognizable as human remains.

After the cremated remains have been processed, they will be placed into the designated urn or container. The Crematory will make reasonable effort to put all the created remains in the urn or container, with exception of dust or other residue that may remain on the processing equipment. The Funeral Home will deliver/dispose of the urn/container containing the cremated remains as directed by the Authorized Agent. I have read and understand this disclosure concerning the Cremation Process.

Sign Here	→
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SIGNATURE OF AUTHORIZED AGENT: $oldsymbol{X}$



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Cremation and Disposition- Addendum

Regarding the matter of:	(deceased)
I/we understand that the cremated remains mu cremation.	ist be claimed or the disposition arranged within 30 days of the date of
Additional Next of Kin (Authorized Agents)	
Print Name:	Relationship to Decedent:
Address:	
Cian Hara — 17	Telephone Number:
Print Name:	Relationship to Decedent:
·	
Sign Here \longrightarrow X	Telephone Number:
Print Name:	Relationship to Decedent:
Address:	
Sign Here \longrightarrow X	Telephone Number:
Print Name:	Relationship to Decedent:
·	
Sign Here \longrightarrow X	Telephone Number:
Print Name:	Relationship to Decedent:
Address:	
Sign Here \longrightarrow X	Telephone Number:
Witness Name:	Telephone Number:
Sign Here \longrightarrow X	Date: