



Id # _____

Cremation and Disposition Authorization

Notice: This is a legal document that contains important provisions concerning cremation. Please read this entire document carefully before signing. Cremation is an irreversible and final process.

NAME OF DECEDENT: _____ **SEX:** _____

DATE OF BIRTH: _____ **DATE OF DEATH:** _____ **SSN:** _____

I the undersigned (the "Authorizing agent") hereby authorize and request Barton Family Funeral Service, First Cremation Services of Washington Crematory (the "Crematory"), its agents and employees, to cremate and process the human remains of the Decedent.

Schedule & Container Requirement: The Crematory may perform the cremation upon receipt of the remains, at its discretion, and according to its time schedule, as work permits, without obtaining any further authorization or instructions from me/us. The Crematory requires that the remains be placed in a combustible, leak resistant rigid container for cremation. The Crematory is authorized to dispose of any noncombustible residue, handles or other items attached to any cremation container.

Type of casket or cremation container: Combustible Tray Other: _____

Type of container requested for the cremated remains: Plastic/Temporary Urn Other: _____

AUTHORIZATION

I hereby state that I am the closest living next of kin of the Decedent or are otherwise empowered and authorized to execute this authorization according to all state and local laws.

I am aware of no objection to this cremation by the spouse, any child, parent or sibling of the Decedent, or of provision of any contract or instructions made by the Decedent.

I have either identified or waived my rights to identify the human remains that I/we released to First Cremation Services of Washington, as the Decedent. All personal property, clothing and or valuables have been removed from the remains or I hereby order them cremated with the remains. I understand that any personal property, clothing or valuables, including dental gold, on or with the body will be destroyed in the cremation process, and therefore will not be recoverable.

I hereby agree to indemnify and hold harmless, Barton Family Funeral Service LLC, First Cremation Services of Washington, First Call Plus of Washington LLC, its officers, directors, agent and employees, from any claim, liability, cost or expense resulting from their reliance on or performance consistent with the direction, declaration, representation, authorizations and agreements herein, including but not limited to, claims brought by any other persons claiming the right to control the disposition of the decedent or the decedent's cremated remains.

By execution, including initials at appropriate spaces the undersigned warrant(s) that all representations and statements contained herein are true and correct. These statements are being relied on by the Crematory and the undersigned has read and understood the provisions of this document.

DISPOSITION OF CREMATED REMAINS

Unless otherwise instructed in writing by the Authorized Agent, the cremated remains will be delivered to the Authorized Agent or made available to be picked up by the Authorized Agent at any Barton Family Funeral Service office.

IMPORTANT: IF THE AUTHORIZED AGENT IS NOT AN INDIVIDUAL SUCH AS A SPOUSE, ALL NEXT OF KIN MUST SIGN THIS AUTHORIZATION - SEE ADDENDUM

SIGN HERE →

Signature: _____ Telephone Number: _____

Print Name: _____ Relationship: _____

Address: _____

SIGN HERE →

WITNESS: _____ Date: _____

Print Name: _____ Relationship: _____

Barton Family Funeral Service LLC
1400 Talbot Rd. South Suite 104, Renton WA 98057
11630 Slater Ave NE, Suite 1A, Kirkland, WA 98034
Telephone (425) 823-1900
FAX (425) 823-1977

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: _____

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 its 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 cremated 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 →

SIGNATURE OF AUTHORIZED AGENT: _____



Id #

Cremation and Disposition Authorization

Cremation and Disposition - Addendum

In re the matter of: _____ (deceased)

I/we understand that the cremated remains must be claimed or the disposition arranged within 30 days of the date of cremation.

Additional Next of Kin (Authorized Agents)

Print Name: _____ Relationship to Decedent: _____

Signature: _____ Telephone Number: _____

Address: _____

Print Name: _____ Relationship to Decedent: _____

Signature: _____ Telephone Number: _____

Address: _____

Print Name: _____ Relationship to Decedent: _____

Signature: _____ Telephone Number: _____

Address: _____

Print Name: _____ Relationship to Decedent: _____

Signature: _____ Telephone Number: _____

Address: _____

WITNESS: _____ **DATE:** _____

Print Name: _____ Relationship: _____