



Id # _____

Hydromation® and Disposition Authorization

Notice: This is a legal document that contains important provisions concerning Hydromation®, referred to generically as alkaline hydrolysis as used to reduce human remains to bone fragments and essential elements.

Please read this entire document carefully before signing. Hydromation® is an irreversible 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 LLC, First Hydrolysis Services, (the "Facility"), and its agents and employees, to use alkaline hydrolysis and process the human remains of the Decedent.

Schedule & Container Requirement: The Facility may perform alkaline hydrolysis 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 Facility does not require that the human remains be placed in a container for alkaline hydrolysis but I/we have the option to choose one. The Facility is authorized to dispose of any dangerous materials, or other items that could be harmful to the process.

AUTHORIZATION

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

I am aware of no objection to alkaline hydrolysis 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 personally identified or waived my rights to personal identification of the Decedent released to Barton Family Funeral Service and First Hydrolysis Services.

All personal property, clothing, or valuables have been removed from the remains of the Decedent prior to alkaline hydrolysis. I hereby direct that any property, clothing, valuables, metals, or implants on or with the body will be destroyed during the process or may be recycled after process, and therefore will not be returned.

I hereby agree to indemnify and hold harmless, Barton Family Funeral Service LLC, First Hydrolysis Services, First Call Plus of Washington, L.L.C., 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, representations, authorizations, and agreements made by me 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 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 Barton Family Funeral Service and the Facility to perform the services envisioned herein. The undersigned has read and understood the provisions of this document.

DISPOSITION OF REMAINS

Unless otherwise instructed in writing by the Authorized Agent, the 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
14000 Aurora Ave. N. Seattle WA 98133
Telephone (425) 823-1900
FAX (425) 823-1977



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Hydromation® and Disposition - Addendum

In re the matter of: _____ (deceased)

I/we understand that the reduced remains must be claimed or the disposition arranged within 30 days of the date of Hydromation®.

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: _____