

**HERITAGE CREMATORY**  
 12525 NW Grand Ave.  
 El Mirage, Arizona 85335 • (623) 974-2054

**MOUNTAIN VIEW CREMATORY**  
 1051 Willow Creek Rd.  
 Prescott, Arizona 86301 • (928) 445-4990

**CREMATORY AUTHORIZATION FORM**

This is a legal document. It contains important provisions concerning cremation. Cremation is a final and irreversible act. Please read this document carefully before signing.

**AUTHORITY TO CREMATE:**

I / We, the undersigned ("Authorizing Agent"), hereby authorize(s) and request(s) **Heritage / Mountain Veiv Crematory** to cremate the human remains of \_\_\_\_\_, the "Deceased," and to arrange for the final disposition of the cremated remains as stated on this form. **Date of Death** \_\_\_\_\_ **Place of Death** \_\_\_\_\_

**Sex** \_\_\_\_\_ **Age** \_\_\_\_\_. Was the death due to infectious disease? Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, please identify \_\_\_\_\_.

**PACEMAKERS, PROSTHESIS OR RADIOACTIVE DEVICES:**

Did the Deceased's remains contain a pacemaker, prosthesis or radioactive device that may be harmful to the crematory? Yes \_\_\_\_\_ No \_\_\_\_\_

The following describes all existing devices or implants in or attached to the Deceased that should be removed prior to cremation: \_\_\_\_\_

\_\_\_\_\_. The following identification marks are to be used as a secondary identification \_\_\_\_\_.

The Authorizing Agent(s) also agree to hold **Heritage / Mountain Veiv Crematory**, its affiliates and their agents and employees harmless against loss from any and all claims, demands, or damages which may be declared against them by reason of the failure of the Authorizing Agent(s) to timely disclose the existence of such implants or mechanical devices.

**FINAL DISPOSITION:**

The Authorizing Agent(s) agree to hold **Heritage / Mountain Veiv Crematory**, their agents, employees and their affiliates harmless from any loss, liability or actions (including attorney's fee and expenses of litigation) in connection with the cremation and disposition of the Deceased, as authorized herein, or with the possession or permanent arrangements and the disposition of such cremated remains. After the cremation has taken place and the cremated remains have been processed and placed in the designated container, receptacle, or urn, the Authorizing Agent(s) authorizes

**Heritage / Mountain Veiv Crematory** to release, deliver or transport the cremated remains as follows:

1. \_\_\_\_\_ To be received by family member or personal representative by \_\_\_\_\_ (date).
2. \_\_\_\_\_ To be given to \_\_\_\_\_ (mortuary) for disposition.

I / We agree to assume all liability that may arise from such release and to hold the Crematory harmless from any and all claims that may arise from the release, delivery or transport.

**UNCLAIMED REMAINS:**

In the event the cremated remains are unclaimed for a period of 30 days, **Heritage / Mountain Veiv Crematory** will notify in writing the person(s) who signed the Cremation Authorization Form to take possession of the cremated remain, and hold **Heritage / Mountain Veiv Crematory**, its agents and employees harmless from all loss, damages, liability or causes of action in connection with the disposition of unclaimed cremated remains. You may direct **Heritage / Mountain Veiv Crematory** to maintain the cremated remains for an extended period of time for a charge of thirty dollars (\$30.00) per month which must be paid three months in advance and noted in the Cremation Authorization Form. In the event cremated remains have not reached their final disposition within 30 days of cremation, undersigned will be responsible for payment of a charge of thirty dollars (\$30.00) per month for each month, or portion thereof, the **Heritage Crematory** maintains the cremated remains.

**AUTHORITY OF AUTHORIZING AGENTS:**

The undersigned hereby certifies that I / we are the closest living next of kin \* of the Deceased and that we are related to the Deceased as \_\_\_\_\_ or otherwise serve(d) in the capacity of \_\_\_\_\_ for the Deceased, that I / we have charge of the remains of the Deceased and as such possess full legal authority and power, according to the laws of Arizona, to execute this authorization form and to arrange for the cremation and disposition of the cremated remains of the Deceased.

**IN ADDITION, I / WE ARE AWARE OF NO OBJECTIONS TO THIS CREMATION BY ANY SPOUSE, PARENT, CHILD, OR SIBLING.**

\*The next of kin is the person(s) described below in the following order:

- |                        |                                    |                                   |
|------------------------|------------------------------------|-----------------------------------|
| (a) Surviving spouse   | (c) Surviving parents              | (e) Surviving uncles and aunts    |
| (b) Surviving children | (d) Surviving brothers and sisters | (f) Surviving first cousins, etc. |

If the next of kin is a child, or a brother or sister, it is recommended that all children or all brothers and sisters sign.

**LIMITATION OF LIABILITY:**

As the Authorizing Agent(s), I / we agree to indemnify and hold **Heritage / Mountain Veiv Crematory**, its officers, agents and employees harmless of and from any and all claims, demands, or causes of actions, and suits of any description, in law or equity, including legal fees, costs and expenses of litigation arising as a result of this authorization, cremation, the processing and final disposition of the Deceased's cremated remains, or the failure to take possession or to make proper arrangements for the final disposition or to make proper arrangements for the final disposition of the cremated remains, or any damage due to harmful or explosive implants, claims, brought by any other person(s) claiming the right to control the disposition of the Deceased or the Deceased's cremated remains, or any other acts performed by **Heritage / Mountain Veiv Crematory** pursuant to this authorization.

**AUTHORIZING AGENTS SIGNATURES:**

Signature _____	Printed Name _____
Relationship _____	Phone Number _____
Address _____	Social Security Number _____
Signature _____	Printed Name _____
Relationship _____	Phone Number _____
Address _____	Social Security Number _____
Signature _____	Printed Name _____
Relationship _____	Phone Number _____
Address _____	Social Security Number _____
Signature _____	Printed Name _____
Relationship _____	Phone Number _____
Address _____	Social Security Number _____

FUNERAL DIRECTOR \_\_\_\_\_