

ALLEN CREMATION CENTER LLC.

1722 N. BANNING ST

MESA, ARIZONA 85205

CREMATION AUTHORIZATION AND RELEASE OF LIABILITY FORM

THIS IS A LEGAL DOCUMENT CONTAINING IMPORTANT PROVISIONS CONCERNING CREMATION, WHICH IS IRREVERSIBLE AND FINAL

PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING.

1. AUTHORITY TO CREMATE:

I/We, the undersigned "Authorizing Agent(s)" certify, warrant and represent that I/We have the full legal right and authority to authorize the cremation, processing and disposition of the human remains of:

Legal Name of Deceased _____

Place of Death _____

Date of Death _____ Time of Death _____ Weight _____

I/We hereby request and authorize A LEGACY FUNERAL HOME to take possession of and Make arrangements for the cremation of the above named Deceased individual at ALLENS CREMATION CENTER ("Crematory"), CREMATION CENTER OF ARIZONA, or LIFE PLAN CREMATORY (Circle One).

2. IDENTIFICATION

Date and time of Identification Viewing at Funeral Home _____

_____ The Authorizing Agent(s) or representative has viewed the remains and positively identified them as that of the Decedent: OR (initial only at I.D. viewing)

_____ The Authorizing Agent(s) DECLINES an I.D. viewing of the remains and to positively identified them as that of the decedent.

3. CREMATION CONTAINER

Crematory requires the deceased to be placed in a suitable combustible container for dignified handling and cremation. Select one: _____

Tray View Style ___ Rental Casket Insert ___ Cremation Casket (Name) _____

___ Rigid type (required for all cases exceeding 250 lbs) ___ Basic cardboard

4. MECHANICAL, RADIOACTIVE DEVICES & PERSONAL EFFECTS:

Mechanical or radioactive devices implanted in the remains of the Deceased (such as pacemakers, etc.) may create a hazard when placed into a cremation chamber. The Crematory will not cremate any remains, which contain any type of hazardous implanted mechanical devices of which it is aware. In the event the remains do contain such a device(s), I/We hereby authorize the removal and /or appropriate disposal, including the resale of these or any other residual foreign items remaining following the cremation process.

I/We hereby certify that the remains of the deceased _____ DO _____ DO NOT contain any implanted items.

List Devise(s): _____

5. FINAL DISPOSITION AND URN:

I/We authorize the Crematory to return the cremated remains of the Deceased to the possession of the Funeral Home. I/We understand that the services and obligations of the Crematory shall be fulfilled when the cremated remains are returned to the possession and custody of the Funeral Home. I/We authorize the Funeral Home to arrange for the disposition of the cremated remains of the deceased as follow.

_____ Release To: _____

_____ Ship via U.S. Registered Mail (additional Fee) to: _____

_____ I Authorize Legacy Funeral Home to Scatter Remains at their discretion upon completion of cremation (Additional Fee)

_____ Deliver to: _____

Urn: _____

6. UNCLAIMED REMAINS

In the event the cremated remains of the Deceased remain unclaimed for a period of 90 days from the date of cremation, the Funeral Home shall then have the authority to make the lawful disposition of their choice and shall be held harmless for any action in connection with such disposition.

Initials: _____ Date: _____

7. LIMITATION OF LIABILITY

I/We agree to indemnify and hold harmless the FUNERAL HOME, CREMATORY, their affiliates, agents, employees and assigns from any and all loss, damages, liability or cause of action (including attorneys fees and expense of litigation) in connection with the cremation and disposition of the cremated remains of the Deceased, as authorized herein, or My/Our failure to correctly identify the remains of the Deceased, disclose the presence of any implanted mechanical or radioactive devices, or take possession of, or make permanent arrangements for the disposition of such remains. Except as set forth in this Authorization, no warranties, expressed or implied are made by the FUNERAL HOME or CREMATORY or any of their affiliates, agents or employees.

8. AUTHORITY OF AUTHORIZING AGENT(S)

I/We hereby certify that I/We are the closest living NEXT OF KIN of the Deceased or that we have charge of the Deceased and as such possess full legal authority and power according to the laws of the state of Arizona, to execute this authorization form and to arrange for the cremation and disposition of the cremated remains of the Deceased. Arizona Cremation Legal Order (Arizona Revised Statue 32-1365.02): 1. Self Authorization 2. Spouse-Unless legally separated or legally divorced 3. Durable Power of Attorney 4. Adult children 5. Parent(s) 6. Adult Siblings 7. Grandchildren

8. Grandparents 9. Other _____

Signature _____

Print Name _____

Address _____

City, State, Zip _____

Tel No _____

Signature _____

Print Name _____

Address _____

City, State, Zip _____

Tel No _____

Witness _____ Print Name _____ Date _____