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616 Jackson Street
Columbia, Missouri 65203
(573) 442-7850

618 Howard St.
Jefferson City, MO 65109
(573) 636-7850

7700 Shawnee Mission Pkwy, Ste 304
Overland Park, KS 66202
(913) 789-8998

AUTHORIZATION FOR CREMATION AND DISPOSITION

NOTICE: THIS IS A LEGAL DOCUMENT. IT CONTAINS IMPORTANT PROVISIONS CONCERNING CREMATION. CREMATION IS IRREVERSIBLE AND FINAL. READ THIS DOCUMENT CAREFULLY BEFORE SIGNING.

NAME OF CREMATORY ESTABLISHMENT

NAME OF FUNERAL ESTABLISHMENT

NAME OF FUNERAL DIRECTOR IN CHARGE OF ARRANGEMENTS	LICENSE NUMBER
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I, THE UNDERSIGNED, HEREBY AUTHORIZE THE CREMATORY AND FUNERAL ESTABLISHMENT NAMED ABOVE TO CREMATE THE REMAINS OF:

NAME OF PERSON TO BE CREMATED (FIRST, MIDDLE, LAST)

I hereby certify that I am the nearest degree of relationship to the deceased and that I have the legal right or am charged to authorize this cremation and the disposal of the cremated remains. I understand that due to the nature of the cremation process any **valuable metal**, including dental gold, will either be destroyed or not be recoverable. Any personal possessions accordingly have either been removed or may be destroyed. I further agree that I will indemnify and hold harmless the Crematory and Funeral Director, their officers and employees from any liability, costs, expenses or claims resulting from this authorization.

I request that following cremation, the funeral home make disposition of the cremated remains as follows:

I specifically agree that if the said cremains are left in the custody of HEARTLAND CREMATION & BURIAL SOCIETY for over thirty (30) days, HEARTLAND CREMATION & BURIAL SOCIETY may make whatever **disposition of the cremains it deems appropriate.**

(Initial)

I further state that the deceased has not had a heart **pacemaker** implanted, radiation producing implant device nor any other life sustaining device that could be explosive. If such a device exists, I have instructed the Funeral Director or others to remove it before cremation. I further agree that in the event of my failure to notify the Funeral Director or others responsible for the removal of such a device, I will be liable for any damages to the crematorium or injury to the crematorium personnel.

SIGNATURE	DATE	TIME
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RELATIONSHIP TO DECEASED	TELEPHONE NUMBER
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ADDRESS (CITY, STATE, ZIP CODE)

WITNESS

NAME	ADDRESS
NAME	ADDRESS