

CONTRACT NUMBER:

Please Read and Complete the Authorization.

LEGAL LAST NAME:

FULL LEGAL GIVEN NAMES:

DATE OF DEATH:

DATE OF BIRTH:

AGE:

GENDER:

AUTHORIZED REPRESENTATIVE RESPONSIBLE FOR DISPOSITION

INFORMANT:

COMPLETE ADDRESS:

TELEPHONE / CELL:

RELATIONSHIP TO DECEASED:

CREMATION CONTAINER & URN DESCRIPTION

YES

I have selected a casket / container for the purpose of cremating the body of the above named deceased person.

NO

CREMATION CONTAINER:

CASKET DESCRIPTION:

(if required)

YES

I have selected a urn / container for the purpose of holding the above named deceased cremated remains.

NO

URN DESCRIPTIONS:

Agree

The Crematory Operator makes every reasonable effort to remove all of the cremated remains but it is impossible to remove all of them, as some dust and other residue from the cremation process is always left in the cremation chamber. In addition, while every reasonable effort will be made to avoid commingling, inadvertent or incidental commingling of minute particles from previous cremations is a possibility. I, the authorized representative, understand and accept this fact.

Agree

I hold the Funeral Service Provider, Crematory Operator or Funeral Director, harmless for the personal belongings left in the cremation casket / container.

Authorization

I, the undersigned certify that I have the right under "Alberta Regulation 226/1998" provisions of section 36 of the Funeral Services Act, General Regulation, to authorize the cremation and disposition of the cremated remains of the above named deceased subject to the Act, the regulations and the By-laws of the Crematorium. I agree to indemnify and hold harmless the Crematorium and the Funeral Service Provider, their officers and employees from any liability, costs, expenses or claims resulting from this cremation and disposition authorization. I also hereby give permission to the Funeral Service Provider to remove any implanted Pacemaker and / or Artificial Limbs and dispose of same prior to cremation.

Is there any surgically implanted device (pacemaker etc.) in the body or battery operated devices in / with the body? These devices will explode during the cremation process and cause damage to the crematorium. I understand that I am liable for any damage or injury if I fail to disclose presence of any such device.

If yes, describe devices:

Signature of Authorized Representative

Funeral Director

I have explained this form, witnessed the signature of the above authorized representative, and confirmed our compliance with the direction indicated above.

Signature of Funeral Director

FOR CREMATORIUM USE ONLY

I, the undersigned confirm items 1 to 6 inclusive being filled in and completed. I have placed the deceased into the crematorium chamber in the specified casket / cremation container as stated in 2 (a). I have verified this cremation authorization to the burial permit and Medical Examiner Certificate For Cremation in Alberta (Form 4). To the best of my ability, I have confirmed the identity of the deceased person.

Cremation Number:

Crematorium Operator

Cremation Date: