

**CREMATION AUTHORIZATION AND DISPOSITION FORM**  
**ARIZONA RUFFNER WAKELIN FUNERAL HOME ~ ARIZONA WAKELIN BRADSHAW CHAPEL**  
**for Bradshaw Crematory**

Bradshaw Crematory LLC is operated in compliance with Arizona State Crematory Law and only by cremationists licensed by the state of Arizona. Bradshaw Crematory LLC is owned by Fred D. Wakelin and Earlene J. Hunt.

I (we), the undersigned (the "Authorizing Agent") understand that during the cremation process the casket/container will be subjected to intense heat and flame reaching temperatures between 1400 and 1800 degrees Fahrenheit. Following a cooling period, the cremated remains are then swept or raked from the cremation chamber. Every effort is made to remove all human remains. However, a small residue may remain in the cremation chamber, resulting in incidental commingling with other cremated remains. Once the bone fragments have been removed, they will be further processed to reduce the size of the bone fragments to uniform particles. **Items such as artificial knees, hips, screws and pins will be removed and given to "Implant Recycling LLC". A 501(c)(3) Non-Profit Implant Recycling Program. All proceeds will be donated to the Sharlot Hall Museum in Prescott.**

Initials of **AA** \_\_\_\_\_

I (we), the undersigned, hereby authorize and request Arizona Ruffner Wakelin Funeral Home, or Arizona Wakelin Bradshaw Chapel, and Bradshaw Crematory, in accordance with and subject to its rules and regulations, and any applicable Federal, Arizona and local laws or regulations, to cremate the human remains of: **ID#** \_\_\_\_\_ **Name** \_\_\_\_\_ and arrange for the final disposition of the cremated remains, as set forth on this form.

Initials of **AA** \_\_\_\_\_

**IDENTIFICATION**

I (we) have been offered the opportunity to say goodbye to the decease prior to transfer to the funeral home as the decedent, and have authorized the funeral home to deliver the decedent to Bradshaw Crematory for cremation.

Initial of **AA** \_\_\_\_\_

**Time/Date of Death:** \_\_\_\_\_ **Place of Death:** \_\_\_\_\_ **Sex:** \_\_\_ **Age:** \_\_\_ **Wgt.** \_\_\_\_\_

Mechanical, silicon implants or other radioactive devices in the decedent may create a hazardous condition when placed in a cremation chamber. **PLEASE INITIAL AND FILL IN THE INFORMATION IN ONE OF THE NEXT TWO PARAGRAPHS:**

The decedent's remains do not contain a pacemaker, prosthesis, radioactive or any other device that could be explosive. They are safe to cremate. Metal parts of artificial apparatus not consumed in the cremation process are disposed of as required by funeral law.

Initials of **AA** \_\_\_\_\_

The decedent's remains contain silicon implants.  Yes  No

The following list contains all existing devices (including all mechanical and prosthetic devices) which may be implanted in or attached to the decedent and that should be removed prior to cremation. \_\_\_\_\_

I have instructed the funeral home to remove or arrange for the removal of these devices and to properly dispose of them prior to transporting the decedent's remains to Crematory

Initials of **AA** \_\_\_\_\_

**ALL SUCH DEVICES MUST BE REMOVED PRIOR TO DELIVERING THE DECEDENT TO CREMATORY**

Is any type of service to be held before the Cremation?  Yes  No

If yes, please indicate day, date, place, and time \_\_\_\_\_

The Funeral Home is authorized to deliver to the Crematory the human remains upon receipt of disposition permit, at the funeral home's discretion (**up to 7 days of the receipt of all authorizations**), and according to its own time schedule, as work permits, without obtaining any further authorization or instructions.  Yes  No Initials of **AA** \_\_\_\_\_

If no, please initial the filled in the information items below. Authorizing Agent authorizes the Funeral Home and Crematory to **EXPEDITE** the cremation. The cremated body will be available for final disposition on day, date, place, and time.

Initials of **AA** N/A

If no, and applicable please initial and fill in the information below. Authorizing Agent authorizes the Funeral Home to hold the deceased in refrigeration for \_\_\_\_\_ before cremation.

Initials of **AA** N/A

**For families wishing to witness the cremation; the cremation will schedule with for day family:**

**WITNESS (Approx. 1 p.m.) or CALL NAME:** N/A **PHONE #** \_\_\_\_\_

The Cremationist does check the identification of the deceased on the outside of the casket/container against the accompanying documents.

The Bradshaw Crematory and AZ. State Funeral Law require that the body of the deceased be delivered for cremation in a suitable container which may be either a casket or an alternative cremation container for cremation. If an alternative container is provided it must meet the following standards: 1) be composed of readily combustible materials suitable for cremation; 2) be able to be closed to provide a complete covering for the human remains; 3) be resistant to leakage or spillage; 4) be rigid enough for handling with ease; and 5) be able to provide protection for health and safety of Crematory personnel. Crematory is authorized to inspect the casket or alternative container including opening it if necessary and in the event there is leakage or damage Crematory may contact the Funeral Home to contact authorizing agent for instructions.

Type of Casket or Container Selected Minimum Cardboard Initials of FS \_\_\_\_\_ Initials of CO \_\_\_\_\_

Many caskets that are comprised of combustible materials also contain some exterior parts, e.g., decorative handles or rails that are not combustible and may cause damage to the cremation equipment. The Funeral Home and/or Crematory at their sole discretion, reserves the right to remove these materials prior to cremation and to discard them with similar materials from other cremations and other refuse in a non-recoverable manner

Initials of AA \_\_\_\_\_

**AUTHORITY OF AUTHORIZING AGENT**

I (we) hereby certify that the decedent left the following surviving heirs at law:

Spouse  Yes  No Name \_\_\_\_\_

Children  Yes  No How Many \_\_\_\_\_ Names \_\_\_\_\_

Parents  Yes  No How Many \_\_\_\_\_ Names \_\_\_\_\_

Siblings  Yes  No How Many \_\_\_\_\_ Names \_\_\_\_\_

Medical Power of Attorney Name \_\_\_\_\_ (authorizing document must be attached AND NEXT PARAGRAPH INITIALED. I \_\_\_\_\_ in my capacity as Medical Power of Attorney have notified the following next of kin relatives \_\_\_\_\_ of my decision to authorize the cremation of her\his\their \_\_\_\_\_ and they have made no objection to the cremation.

Initials AA \_\_\_\_\_

If all responses are no, the person(s) in the next degree of kinship to the decedent is (are): \_\_\_\_\_

Therefore I (we), the undersigned, hereby certify that I am (we are) the closet living next of kin of the decedent and that I am (we are) related to decedent as his/her \_\_\_\_\_ or that I (we) otherwise serve (served) in the capacity of \_\_\_\_\_ to the decedent, that I (we) have charge of the remains of the decedent 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 body of the decedent. In addition, I am (we are) aware of no objection to this cremation by any spouse, child, parent or sibling specified.

OR

There is another living person, \_\_\_\_\_ (name and relationship), who has the right to control the final disposition of the decedent. I (we) have made all reasonable effort to contact this person, but have been unable to do so. However, I (we) have no reason to believe that this person would object to the cremation to the decedent.

Initials of AA \_\_\_\_\_

**FINAL DISPOSTION**

The cremated body may be disposed of by placement in a grave, crypt, or niche; by scattering them; or in any manner whatever on the private property of a consenting owner. Cremation is NOT final disposition. The cremation process simply reduces the decedent's body to cremated remains. These cremated remains usually weigh seven pounds for the average individual and the volume usually ranges between 150 to 200 cubic inches. After the cremation has taken place, the cremated remains will be processed and the processed cremated remains placed in the designated receptacle. Some provision must be made for the final disposition of these cremated remains. The Authorizing Agent understands that if no arrangements for the final disposition, release or transfer of the cremated remains are specified on this form, if the funeral home is not subsequently provided with instructions concerning the final disposition, release or transfer of the cremated remains within 30 days of the date of cremation and the authorized person has not picked up the cremated remains, UNDER ARIZONA STATE CREMATORY STATUE #13997 the funeral home shall send a register letter notifying the said authorized person that the funeral home may dispose of the cremated remains by any legal means at the end of 90 days after the cremations has taken place and the funeral home will do so.

Initial of AA \_\_\_\_\_

**FINAL DISPOSITION (page three of three pages)**

Authorizing Agent hereby authorizes the Arizona Ruffner Wakelin Funeral Home\Arizona Wakelin Bradshaw Chapel to transfer, deliver, transport, or ship the cremated body as specified. Check one of the following.

- 1) Removed from the temporary plastic sack\cardboard box and place in the permanent urn selected.  
 Model # Temp Style                      Personalized  Yes  No Cremains to be at                      B/R
- 2) Deliver the cremated body to    Cemetery; check if at funeral home's convenience                      or needed (Date & Time) for services   .
- 3)  Funeral home is to deliver with or without d\c' (circle one): to     
 Address:    phone:
- 4)  Release the cremated body to    Phone:
- 5) Deliver the cremated remains in the urn selected or minimum shipping urn required by the funeral home to the U.S. Postal Service by Registered Mail, Return Receipt requested; Name     
 Address: N/A phone:
- 6) Funeral Home to arrange for the cremated body to be scattered at N/A to be done at the discretion of the Funeral Home. The Authorized Agent understands that if this option is selected, final disposition of the cremated body of the decedent shall not be recoverable.

Deceased's Name    Weight                      ID#                     

Weight to 250 lbs. \$300                      From 251 to 300 lbs. Add \$190 (Includes air tray)                       
 Weight 301 to 450 lbs. Add \$225 (Includes air tray)                       
 ~ Saturdays, Sundays, Holidays are an additional \$400                       
 ~ Expedited cremations are an additional \$200                     

**LIMITATION OF LIABILITY**

As the Authorizing Agent(s), I (we) hereby agree to indemnify, defend, and hold harmless the Funeral Home and Crematory, their officers, agents and employees, of and from any and all claims, demands, causes or causes of action, and suits of every kind and nature and description, in law or equity, including any legal fees, costs and expenses of litigation, arising as a result of, based upon or connected with this authorization, including the failure of the authorizing agent to properly identify the human remains transmitted to Crematory, mistakes in processing, shipping and final disposition of the decedent's cremated remains resulting from the authorization, the failure of the authorizing agent or their designee to take possession of or make proper arrangement for the final disposition of the cremated remains, any damage due to harmful or explosive implants, claims brought by any other persons claiming the right to control the disposition of the decedent or the decedent's cremated remains, or any other action performed by the Funeral Home or Crematory, their officers, agent or employees, pursuant to this authorization, excepting only acts of willful negligence on the part of the Funeral Home or Crematory.

Initials of **AA**                     

**SIGNATURE OF AUTHORIZING AGENT(S)**

By executing this cremation authorization form, as Authorizing Agent (s), the undersigned warrant that all representations and statements contained on this form are true and correct, that these statements were made to induce the Funeral Home and Bradshaw Crematory to cremate the human remains of the decedent, and that the undersigned have read and understand the provision contained on this form.

We have verified the identity of the deceased and beyond a question of a doubt the decedent's identity is verified.

**•This document must be notarized.**

Executed at:    (place). This                      day of                     , 20                    

Name:    Signature:     
 Relationship to decedent:                      Phone No.                      Address   

Name:    Signature:     
 Relationship to decedent:                      Phone No.                      Address   

**Notary Signature & Seal**