

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 _____

