



CREMATION AUTHORIZATION FORM

The undersigned hereby requests and authorizes East Bay Crematory, Inc., in accordance with and subject to its Policies, Procedures and Requirements, to cremate the human remains of:

Name of Deceased _____ Age _____

Street Address _____

City/Town, State, Zip _____

Date of Birth _____ Date of Death _____

Place of Birth _____ Place of Death _____
city/town state city/town state

Cause of Death _____

Did deceased have any Communicable or Contagious disease? ____ yes ____ no

If yes, explain _____

Did deceased have any pacemaker, implant, or radioactive device ____ yes ____ no

If yes, were arrangements made to remove? ____ yes ____ no

SIGNATURE OF AUTHORIZING AGENT

The undersigned, acting as authorizing agent, certifies and represents that he/she possesses full legal authority and power to execute this authorization and to arrange for the cremation and disposition of the cremated remains of the decedent. The Authorizing Agent also warrants that all statements and representations contained on this form are true and correct. The undersigned, acting as authorizing agent, is aware of no objections to this cremation by any spouse, child, parent, or sibling and agrees to indemnify and hold harmless, East Bay Crematory, Inc. from any liability arising on account of said authorization and cremation. The undersigned has read and understands the provisions of East Bay Crematory, Inc.'s Policies, Procedures, and Requirements and hereby authorizes East Bay Crematory, Inc. to perform the cremation of the decedent in accordance with the provisions of this document.

Name of Authorizing Agent(s) _____

Relationship to Deceased _____

Street Address _____

City/Town, State, Zip _____

Date Signature of Authorizing Agent(s)

Date Signature of Witness

Crematory use only:
Date of Cremation: _____ By: _____ Disposition: _____ Case No: _____