



Family Serving Families

Beard's FUNERAL CHAPEL

BEARD'S CHAPEL AND CREMATORY

855 South Happy Hollow Road – Fayetteville - Arkansas 72701 - (479) 521-8551 Fax 479-521-8554

AUTHORIZATION FOR CREMATION AND DISPOSITION

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

Cremation # _____ Operator _____ FOR CREMATORY USE ONLY

I/We, the undersigned, verify, warrant and represent that I/we have the full legal right and authority to authorize the cremation, processing and disposition of the remains of _____ (hereinafter referred to as the 'Deceased') who died (date) _____ at (city, state) _____ I/We hereby request and authorize Beard's Funeral Chapel (hereinafter referred to as the 'Funeral Chapel') to take possession of and make arrangements for 'the cremation of the Deceased at Beard's Crematory (hereinafter referred to as the 'Crematory'). I/We authorize the Crematory to return the cremated remains of the Deceased to the possession and custody of the Funeral Chapel. I/We understand that the services and obligations of the Crematory shall be fulfilled when the cremated remains of the Deceased are returned to the custody of the Funeral Chapel. I/We authorize the Funeral Chapel to arrange for the cremation and disposition of the Deceased as follows:

Special instructions, if any _____ Description of Cremation Container and Urn _____ Cremated remains are to be released to: _____ Relationship _____ Address _____ Ship via U.S. Postal Service certified mail to: _____ Address _____

The cremation, processing and disposition of the Deceased authorized herein shall be performed in accordance with all governing laws, rules, regulations and policies of Beard's Funeral Chapel and Crematory. I/We agree to and understand the following terms and conditions:

- 1. The Deceased must be received by the Crematory in a combustible, leak resistant, rigid container or casket providing a complete covering for the Deceased, and providing protection for the health and safety of the crematory operator or be placed in one at Crematory.
2. Mechanical, radioactive devices and silicon implants within the body may create a hazardous condition when placed in a crematory. I/We hereby authorize the Funeral Chapel, its employees and / or agents to remove any such device(s) from the remains prior to cremation and dispose of such device(s) in a legal manner and at its discretion. I / WE HEREBY CERTIFY THAT THE DECEASED DOES ___ DOES NOT ___ CONTAIN ANY IMPLANTED DEVICE
3. The cremation container containing the body of the Deceased will be placed in the cremation chamber and will be totally and irreversibly consumed by prolonged exposure to intense heat and direct flame.
4. Certain items including, but not limited to, body prostheses, dentures, dental bridgework, dental fillings, jewelry and other personal articles accompanying the body of the Deceased may be destroyed during the cremation process. I/We further authorize that if such items other than the cremated remains of the Deceased are recovered from the cremation chamber, they may be separated from the cremated remains
5. The cremated remains of the Deceased, consisting primarily of calcine bone fragments will be processed into small particles for placement in an urn or temporary container.
6. In the event that the urn is insufficient in capacity to accommodate all of the cremated remains of the Deceased, any excess cremated remains will be placed in a secondary container and returned to the Funeral Chapel with the primary urn or temporary container.
7. It is acknowledged that even with the exercise of reasonable care and use of the Crematory's best efforts, it is not possible to recover each residual particle of the cremated remains of the Deceased, and that some particles may inadvertently become commingled with particles of other cremated remains remaining in the cremation chamber and / or other devices utilized to process the cremated remains. The Crematory is hereby authorized to dispose of any such residual particles in any lawful manner it deems appropriate.
8. I/We agree to indemnify, release and hold the Funeral Chapel, Crematory, their affiliates, agents, employees and assigns, harmless from any and all loss, damages, liability or cause of action (including attorneys' fees and expense of litigation) in connection with the cremation and disposition of the Deceased as authorized herein, or my / our failure to correctly identify the remains of the Deceased, disclose the presence of any implanted device as described in paragraph 2, or take possession of, or make permanent arrangements for the disposition of such cremated remains. In the event the Funeral Chapel and/or Crematory is brought into any litigation in acting upon this authorization, the undersigned agree/s to pay all legal fees, costs and expense incurred.
9. Except as set forth in this authorization, no warranties, express or implied, are made by the Funeral Chapel, Crematory or any of their respective affiliates, agents or employees.
10. I/We understand that this document is not a complete, detailed description of every aspect of the cremation process.
11. The cremated remains of the Deceased will be kept at the Funeral Chapel or Crematory for thirty (30) days following cremation without charge. The Funeral Chapel or Crematory is hereby authorized to dispose of unclaimed cremated remains left in their possession after ninety (90) days following cremation.

SIGNATURE OF PERSON(S) AUTHORIZING CREMATION

Beard's Funeral Chapel requires that all legal and equal next of kin (spouse, then children, then parents, then siblings, etc.) sign this document unless a court order or other legal document direct otherwise. For example, all surviving children of legal age must consent when there is no surviving spouse. It is the responsibility of the person(s) arranging cremation, not Beard's Funeral Chapel, Inc. or the Crematory, to make certain all required signatures are provided. It may be necessary to fax this document to a legal survivor upon the direction of the person(s) arranging cremation. We require this form be signed, dated, and include the individual's relationship to the Deceased, address and telephone number. If the legal next of kin or if all persons of the same degree of kinship are not signing, a written explanation must be completed by the person(s) signing below as authorizing agent(s). Separate authorizations, if necessary, shall be attached to, and considered part of this form.

I / We, the undersigned, hereby certify that I / we are the closest living next of kin of the Deceased, and that I / we are related to the Deceased as his / her _____. In addition, I/we have made a reasonable inquiry, and are aware of no objection to the cremation of the Deceased by anyone signing of equal authority. I/We further warrant that all representations and statements made herein are true and correct, and that I/we have read and understand the provisions contained in this document authorizing cremation and disposition of the Deceased.

Name _____ Signature _____ Relationship _____ Phone _____ Address _____

Name _____ Signature _____ Relationship _____ Phone _____ Address _____

Funeral Director/Witness _____ Title/Relationship _____

Cremains Received by _____ Date _____

Address _____