

# CREMATION AUTHORIZATION

## A. S. TURNER & SONS

P. O. BOX 4000, DECATUR, GEORGIA 30031  
PHONE: 404-292-1551 FAX: 404-508-9287

STATE Georgia COUNTY OF DEATH \_\_\_\_\_ DATE OF CREMATION \_\_\_\_\_

**CREMATION IS AN IRREVERSIBLE AND FINAL PROCESS. IT IS IMPORTANT THAT YOU UNDERSTAND THE CREMATION PROCESS PRIOR TO SIGNING IT.** We want you to fully understand the information provided in this Authorization Form, so we will be pleased to answer any questions about the cremation process or the other information in this Form. Please read it carefully and ask us any questions you may have.

I hereby certify that I / We \_\_\_\_\_ am related to the deceased as \_\_\_\_\_. I / We certify that I do not have actual knowledge of the existence of any living person who has a superior right to act as the Authorizing Agent. As Authorizing Agent, I / We represent to the funeral home and crematory that I / We have the paramount right to authorize the cremation of the Decedent's remains. Therefore, the undersigned authorizes A. S. Turner & Sons and A. S. Turner and Sons Crematory, in accordance with and subject to the Rules and Regulations of the State of Georgia, to cremate the human remains of \_\_\_\_\_ who died at \_\_\_\_\_ on \_\_\_\_\_ and agrees to be responsible for and pay all charges incurred with respect to this authorization.

**BECAUSE CREMATION IS IRREVERSIBLE, IDENTIFICATION OF THE DECEDENT IS REQUIRED BY ONE OF THE FOLLOWING METHODS (initial applicable item):**

\_\_\_\_\_ The Authorizing Agent has viewed the remains and positively identified them as the body of the Decedent

\_\_\_\_\_ The personal representative of the Authorizing Agent has viewed the remains and positively identified them as the body of the Decedent

\_\_\_\_\_ The Authorizing Agent has authorized the Funeral Home to identify a photograph of the remains and the Agent has positively identified the photograph as that of the Decedent

\_\_\_\_\_ The Authorizing Agent waives identification of the Decedent and requests cremation to be performed in lieu of any of the above listed methods of identification

I / We further state the death  was (or)  was not due to infectious or contagious disease. I / We understand that if I do not notify the Funeral Home and Crematory about a death by infectious disease, that I / We will be liable for any injury to the Funeral Home or the Crematory personnel.

A.S. Turner & Sons will hold the cremated remains for further instructions, however: *It is agreed that if arrangements for final disposition of the remains are INITIAL not made within sixty (60) days of the date of this document, the remains may be disposed of in a suitable manner by A. S. Turner & Sons. INITIAL \_\_\_\_\_*

I understand that due to the nature of the cremation process, any valuable material, such as medical implants, will either be destroyed or, if recoverable, will be recycled by the Crematory. Any proceeds from recycling such materials will go directly to charity and no portion thereof shall be retained by A. S. Turner and Sons. Any personal possessions accordingly have either been removed or may be destroyed. If the container or any portion thereof is not suitable for cremation, the Crematory may require the remains be removed to a suitable container. I understand that cremated remains are bone fragments, which will be reduced in size and placed in an urn. Urns provided by A. S. Turner & Sons are sufficient in size for all cremated remains. In the event the capacity of the urn I selected elsewhere is less than the amount of the cremated remains, the funeral home is hereby authorized to return said excess cremated remains in a separate temporary container. I further agree that I will indemnify and hold harmless the funeral director and the crematory, their officers and employees from any liability, costs, expenses, or claims resulting from this authorization.

I / We further state that the deceased does not have medical prosthetic device, a heart pacemaker or defibrillator implanted, radiation producing device or any other life sustaining device that could be explosive. If any of these devices exists, I / We have authorized the funeral director or others responsible for the removal of such a device and authorize said device to be removed and recycled and/or donated at no charge to me. I / We will be liable for any damages to the crematory of injury to crematory personnel. INITIAL \_\_\_\_\_

**Date:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_  
**PRINT:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_

**Witness:** \_\_\_\_\_ **SIGNATURE :** \_\_\_\_\_  
**SIGNATURE:** \_\_\_\_\_ **PRINT:** \_\_\_\_\_  
**PRINT:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**\*\*Please note if you are returning this Document via email or fax a photo ID is required.\*\***