

State of Montana
Board of Funeral Services

P.O. Box 200513
Helena, MT 59620
Telephone Number
Web site address

AUTHORIZATION FOR CREMATION AND DISPOSITION

This form must be completed and signed by an Authorizing Agent (a person legally entitled to order the final disposition of human remains) prior to the cremation. Cremation is an irreversible and final process. Please read carefully before signing this form.

1. IDENTIFICATION OF THE DECEDENT (Print all information except signatures.)

Name of Decedent Sex: Date of Birth:

Date of Death: Place & County of Death:

The Decedent may not be cremated without proper identification. (Initial one of the following):

- The Authorizing Agent has viewed the remains and positively identified them as the body of the Decedent.
Identification is not required as Decedent died at personal residence with family in attendance and was transported by funeral home.
The Authorizing Agent will not view the remains and has purchased identification services from the funeral home, who will work with the coroner's office using DNA, dental records, or fingerprints to identify the Decedent, for which there may be a charge. See, Statement of Funeral Goods and Services.

2. IDENTIFICATION OF AUTHORIZING AGENT

Name of Authorizing Agent: Relationship:

Address: Phone No.:

I represent that I am 18 years of age or older, of sound mind, and that the relationship between the Authorizing Agent and the Decedent is as follows, as spelled out in 37-19-904, MCA: (circle one)

- (a) representative appointed by the Decedent (military DOD form 93 or affidavit) to have the right of disposition,
(b) surviving spouse,
(c) no surviving spouse but I am a sole surviving child or represent a majority of surviving children,
(d) no surviving spouse or children, but I am a surviving parent,
(e) no surviving spouse, children, or parents, but I am a surviving sibling or represent a majority of siblings,
(f) no surviving spouse, children, parents, or siblings, but I am a surviving grandparent,
(g) court appointed guardian,
(h) personal representative of the Decedent's estate,
(i) person in class of next degree of kinship under the laws of descent and distribution to inherit Decedent's estate,
(j) public officer or employee responsible for arranging the final disposition of the remains, or
(k) Any person willing to assume the right of disposition, including the personal representative of the estate or the licensed funeral director with custody of the body, after attesting in writing and good faith that they could not locate any of the persons in the above priority list.

Draft

Draft

Draft

3. AUTHORITY OF AUTHORIZING AGENT

As Authorizing Agent, I completed Section 2 above and represent that I have full legal authority to authorize and direct the cremation and disposition of the Decedent's remains. I understand that any living person with an equal or greater right to act as the Authorizing Agent would have an equal or superior right to mine. I assert that one of the following applies (please initial to select):

_____ I have no knowledge of the existence of any living person who has an equal or superior priority right to act as the Authorizing Agent, or

_____ I know of a living person or persons who have a **superior** priority right to act as Authorizing Agent. I have made reasonable efforts to contact such person(s) and have been unable to do so. I have no reason to believe that the person(s) with the **superior** priority right would object to the cremation of the Decedent, or

_____ I know of a living person or persons who have an **equal** priority right to act as Authorizing Agent. Of the persons with **equal** priority rights that I was able to contact, after using reasonable efforts to do so, I certify that a majority of them agree to the cremation of the Decedent's remains.

4. DISPOSITION DIRECTIONS & PRENEED CREMATION AUTHORIZATIONS

I understand that Montana law allows a person to authorize his or her own cremation and provide disposition directives prior to his or her death. I assert that one of the following applies (please initial to select):

_____ The Decedent executed a "preneed cremation authorization" or "disposition directive" which is attached or has been provided to the Facility. To the extent that provisions covered in this Cremation Authorization Form conflict with the "preneed cremation authorization" or "disposition directive" executed by the Decedent, the authorization or directive of the Decedent controls and the Facility will execute the cremation and disposition of the cremated remains as set forth in the Decedent's authorization or direction, or

_____ I have no knowledge that the Decedent created a "preneed cremation authorization" or other "disposition directives" and understand that the terms of this Cremation Authorization Form control.

5. FUNERAL HOME AND CREMATORY

I authorize the Funeral Home set forth below to carry out the directions contained in this Authorization and to deliver Decedent's remains to the Crematory set forth below for the purpose of the cremation.

Funeral Home: _____

Crematory to be used by Funeral Home: _____

6. PACEMAKERS, PROSTHESES, AND RADIOACTIVE IMPLANTS

Pacemakers, prostheses, and other mechanical or radioactive devices or implants may create a hazardous condition when placed in the cremation chamber and subjected to heat. I assert that one of the following applies (please initial to select):

_____ The decedent's body *does not contain* any pacemakers, prostheses, or other mechanical or radioactive devices or implants, or

_____ The decedent's body *does* contain pacemakers, prostheses, or other mechanical or radioactive devices or implants pacemakers. The following is a complete list of all existing devices which are implanted in or attached to the decedent:

I authorize a mortician to remove all hazardous devices or implants. Unless indicated in Section 10 below, the Funeral Home is to properly dispose of all such devices.

7. MULTIPLE CREMATIONS

Under Montana law, the remains of more than one Decedent may not be simultaneously cremated in the same cremation chamber unless all appropriate authorizing agents provide written authorization. If you desire a multiple cremation, initial below.

_____ I authorize multiple cremation for the Decedent named in this cremation authorization and
(Initials)

(Name of Other Decedent or Decedents to be simultaneously cremation in the same cremation chamber)

8. THE CREMATION PROCESS

The decedent is placed in a combustible casket or alternative container that is sufficiently rigid for handling and capable of being completely enclosed to ensure the dignity of the body and protection for personnel handling the container. The container will be consumed as part of the cremation process. Many caskets that are comprised primarily of combustible material also contain parts, such as decorative handles or rails, which are not combustible and may cause damage to the cremation equipment. The crematory reserves the right to remove these parts prior to cremation. Once removed, the crematory will discard them with similar materials from other cremations and other refuse in a non-recoverable manner.

Unless specified in Section 8, all cremations are performed individually. The container is placed into a cremation chamber (retort) and subjected to intense heat and flame, reducing the body and the container to cremated remains. Cremated remains consist of calcium compounds (bone fragments) and metal (dental gold or silver and other non-human materials) which the temperature has been insufficient to destroy. During the cremation process, it may be necessary to open the cremation chamber and reposition the remains of the Decedent in order to facilitate a complete and thorough cremation. The crematory reserves the right to refuse to accept metal or fiberglass containers. If the crematory accepts the container, partial destruction or modification of the container may be required to facilitate cremation.

Following a cooling period, the cremated remains, which will normally weigh several pounds in the case of an average-size adult, are removed from the retort. The Crematory will take reasonable efforts to remove all of the cremated remains from the retort, however, inadvertent and incidental commingling of minute particles of cremated remains from the residues of previous cremations is possible.

Unless express arrangements have been made with the funeral home prior to the time that the remains of the Decedent are transported to the Crematory to remove personal possessions or valuable materials, such as dental gold or jewelry, or implants such as prostheses or dental bridgework, any such possessions or valuables that are left with the remains and not removed from the container prior to cremation may be destroyed by the cremation process or if not destroyed, will be disposed of by the Crematory.

After the cremated remains are removed from the cremation chamber, all non-combustible material (insofar as possible) such as dental bridgework and hinges, latches, and nails from the container will be separated and removed from the human bone fragments by visible or magnetic selection. The Crematory will discard these materials with similar materials from other cremations and other refuse in a non-recoverable manner, so that only human bone fragments remain. Unless otherwise specified, after the bone fragments have been separated from the other material, they will be mechanically pulverized. The process of crushing or grinding may cause incidental commingling of the remains with the residue from the processing of previously cremated remains. These granulated particles of unidentifiable dimensions, which are virtually unrecognizable as human remains, will then be placed into a designated container.

Cremation is not a form of final disposition. As set forth in Section 14, the Authorizing Agent must arrange and direct final disposition.

9. AUTHORIZATION TO CREMATE

_____ As Authorizing Agent, I have read and understand the description of the cremation
(Initials) process contained in Section 8 above and authorize the cremation, processing, and pulverization of the remains of the Decedent.

10. PERSONAL PROPERTY

All personal property and effects delivered with the remains of the Decedent to the Crematory, including jewelry, clothes, hair pieces, eyeglasses, shoes, dental bridgework, pacemakers, implants, and prosthesis, will be destroyed in the cremation process or otherwise discarded by the Crematory, in its sole discretion, unless specific instructions for delivery to Authorizing Agent are given below.

Items to be delivered to Authorizing Agent: _____

11. TIME OF CREMATION

Cremation may not take place until 24 hours have elapsed from the time of death and receipt of approval to cremate from the coroner having jurisdiction. If the remains are not embalmed and if the cremation is not to occur within 48 hours after the time of death, or if individual circumstances dictate sooner, the Crematory will place the remains in a refrigerated facility for which there may be a charge. See, *Statement of Funeral Goods and Services*.

Please initial one of the following:

_____ The Crematory is to use its best efforts to schedule the cremation in accordance with the schedule set forth below:

Date: _____ Time: _____

OR

_____ The Crematory may perform the cremation of the Decedent's remains at a time and date as its work schedule permits and without any further notification to the Authorizing Agent.

12. DISPOSITION OF CREMATED REMAINS

I direct the Crematory to release, deliver, or dispose of the cremated remains as follows (complete sections a through c):

a. _____ Temporary Container(s) _____ Permanent Urn(s)

b. _____ Release to: _____ Ship via registered return receipt mail to: _____ Deliver to:

Individual's Name: _____ Relationship: _____

Place Name: _____
(if applicable)

Address: _____ Phone: _____

Received by: _____ Date: _____
(To be signed upon delivery or release)

Printed Name: _____ Relationship: _____

c. Please initial one of the following, if applicable:

_____ The Authorizing Agent will personally retrieve the cremated remains from the Crematory. If the Authorizing Agent fails to do so within 90 days after the cremation, the Funeral Home may dispose of the cremated remains in a grave, crypt, or niche in a recoverable manner. The Authorizing Agent agrees to be liable for the cost to the Funeral Home for such final disposition and/or recovery from a grave, crypt, or niche; or

Draft

Draft

Draft

_____The Crematory shall deliver the cremated remains to the Funeral Home for final disposition at (name of cemetery) _____cemetery where arrangements have already been made; or

_____ The Crematory has agreed to scatter the remains at the place described above, for which there may be a charge. See, *Statement of Funeral Goods and Services*.

13. WARRANTY OF TRUTHFULNESS – LIMITATION OF LIABILITY

The Authorizing Agent acknowledges that the Funeral Home and Crematory or Independent Crematory are relying upon the representations being made by the Authorizing Agent in this authorization. The Authorizing Agent warrants the truthfulness of the facts in this Authorization, including the identity of the remains to be cremated and the authority of the signer to order cremation. A crematory, crematory operator, or crematory technician who properly cremates human remains, refuses to accept a body or perform a cremation, or refuses to release cremated remains due to an unresolved dispute is presumed to have acted properly and without negligence if the actions are performed in accordance with the laws and rules governing funeral services at Title 37, chapter 19, Montana Code Annotated.

Signature of Authorizing Agent: _____ Date: _____

Signature of Mortician as Witness: _____ Date: _____

Printed Name of Mortician: _____

CERTIFICATE BY FUNERAL HOME UPON TRANSFER OF DECEDENT'S REMAINS TO CREMATORY

The Funeral Home certifies that the remains being transferred to the custody of the Crematory are those of the Decedent identified in Section 1 and that the Funeral Home, based upon the representations of the Authorizing Agent in Section 6, has taken reasonable precautions to ensure the removal of any device listed in Section 6 from the Decedent's remains or to render such device non-hazardous. The Funeral Home also certifies that any items listed in Section 10 have been removed from the remains of the Decedent for the purpose of delivery to the Authorizing Agent.

NAME OF FUNERAL HOME _____

By: _____ Date: _____
Authorized Representative

Printed Name _____