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Michael L. Hacker, Supervisor

### AUTHORIZATION FOR CREMATION AND DISPOSITION

**THIS IS A LEGAL DOCUMENT, IT CONTAINS IMPORTANT PROVISIONS CONCERNING CREMATION. CREMATION IS IRREVERSIBLE AND FINAL. READ THIS DOCUMENT CAREFULLY AND ASK THE FUNERAL DIRECTOR ANY QUESTIONS YOU MAY HAVE BEFORE SIGNING IT.**

I (We), the undersigned (the "Authorizing Agent(s)"), hereby authorize and request McCartney-Thomas Funeral Home, Inc., of Hughesville, Pennsylvania hereafter known as "Funeral Home" in accordance with and subject to its rules and regulations, and any applicable state or local laws or regulations, to arrange for the cremation of the human remains of \_\_\_\_\_ (the "Decedent") and to arrange for the final disposition of the cremated remains, as set forth on this form. I (We) further authorize Funeral Home to deliver the Decedent to LBV Professional Services, LLC, 350 Spruce Street, Montoursville, PA 17754 (the "Crematory") for cremation. When the Crematory is not in operation due to maintenance or other reasons, the Funeral Home or Crematory reserves the right to contract with another Pennsylvania crematory to perform the cremation.

Initials of AA: \_\_\_\_\_ Initials of AA: \_\_\_\_\_ Initials of AA: \_\_\_\_\_ Initials of AA: \_\_\_\_\_ Initials of AA: \_\_\_\_\_ Initials of AA: \_\_\_\_\_

### IDENTIFICATION OF DECEDENT

Name of Decedent: \_\_\_\_\_ Date of Death: \_\_\_\_\_ Time of Death: \_\_\_\_\_

Place of Death: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

I (We) or our agent have had adequate and sufficient time and opportunity to properly identify the Decedent on \_\_\_\_\_ at \_\_\_\_\_, before final disposition of the Decedent. I (We) acknowledge there is no doubt or question about the identity of the Decedent that is in the custody of the Funeral Home.

If verification of the identity of the deceased was performed by means other than visual identification (e.g., photograph, scars, tattoos, etc.), specify the means used: \_\_\_\_\_

I (We) release and discharge the Funeral Home and agree to indemnify and hold harmless the Funeral Home, its affiliates, officers, directors, employees and agents from any and all liabilities, obligations, losses, damages, claims of mental or physical anguish, costs or expenses of any nature whatsoever relating to or arising out of the misidentification of the Decedent.

Initials of AA: \_\_\_\_\_ Initials of AA: \_\_\_\_\_ Initials of AA: \_\_\_\_\_ Initials of AA: \_\_\_\_\_ Initials of AA: \_\_\_\_\_ Initials of AA: \_\_\_\_\_

### PACEMAKERS, IMPLANTS, PROSTHESES, MECHANICAL DEVICES, RADIOACTIVE IMPLANTS, etc.

These and other similar medical devices may create a hazardous condition when placed into a cremation chamber and subjected to heat and direct flame and must be removed prior to making delivery of the Decedent to the Crematory. If the presence of any such device is not disclosed, Authorizing Agent will be liable for damages to the Crematory and/or Crematory personnel. Please list any of these devices below:

Description: \_\_\_\_\_

\_\_\_\_\_ As Authorizing Agent, I (We) instruct the Funeral Home to remove or arrange for the removal and disposal of each device listed above as needed for cremation and acknowledges that a charge may be made for services in removing said devices.

**OR**

\_\_\_\_\_ The Decedent does not contain any of the devices/materials described above.

Initials of AA: \_\_\_\_\_ Initials of AA: \_\_\_\_\_ Initials of AA: \_\_\_\_\_ Initials of AA: \_\_\_\_\_ Initials of AA: \_\_\_\_\_ Initials of AA: \_\_\_\_\_

### INFECTIOUS OR CONTAGIOUS DISEASE

The undersigned states that the Decedent \_\_\_\_\_ does OR \_\_\_\_\_ does not have an infectious or contagious disease. The undersigned acknowledge that if they do not notify the Funeral Home or Crematory about an infectious or contagious disease, the undersigned will be liable for any damages to the Funeral Home and Crematory and/or injury to Funeral Home and/or Crematory personnel.

Please list below any infectious or contagious disease present in the Decedent: \_\_\_\_\_

Initials of AA: \_\_\_\_\_ Initials of AA: \_\_\_\_\_ Initials of AA: \_\_\_\_\_ Initials of AA: \_\_\_\_\_ Initials of AA: \_\_\_\_\_ Initials of AA: \_\_\_\_\_

### REMOVAL AND DISPOSITION WITHOUT EMBALMING

The undersigned does hereby direct and authorize the Funeral Home to remove and take possession of the Decedent and provide for the final disposition of Decedent by cremation. I (We) direct that no embalming be performed on the Decedent, but do authorize the Funeral Home to wash, disinfect, set features, cosmetize, remove facial hair and perform all other acts of preparation as the Funeral Home deems necessary for the health, safety and sanitation of the Funeral Home and/or Funeral Home personnel.

Initials of AA: \_\_\_\_\_ Initials of AA: \_\_\_\_\_ Initials of AA: \_\_\_\_\_ Initials of AA: \_\_\_\_\_ Initials of AA: \_\_\_\_\_ Initials of AA: \_\_\_\_\_

### WITNESSES

Witnessing a cremation can be an emotional experience. Witnessing must take place while a licensed funeral director is present. Witnesses assume all risks involved and fully release the Funeral Home and/or Crematory from any liability, claims of mental or emotional distress, loss, harm, or other claims. Witnessing can only take place with the written permission of the Authorizing Agent(s) and may include witnessing the delivery of the Decedent to the Crematory, placing the Decedent in the cremation chamber, and beginning the cremation process. An additional fee may be charged by the Crematory for this service.

As Authorizing Agent,

\_\_\_\_\_ I (We) permit witnessing (Please list names of witnesses you permit)

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ I (We) permit **no** witnessing

Initials of AA: \_\_\_\_\_ Initials of AA: \_\_\_\_\_ Initials of AA: \_\_\_\_\_ Initials of AA: \_\_\_\_\_ Initials of AA: \_\_\_\_\_ Initials of AA: \_\_\_\_\_

### ARRANGEMENTS AFTER CREMATION

After the cremation has taken place, the cremated remains have been processed, and the processed cremated remains have been placed in the designated receptacle, I (We) direct the Funeral Home to: **(Check one of the following)**

\_\_\_\_\_ Deliver **or** Release (circle one) the cremated remains to the following designated person:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

\_\_\_\_\_ Arrange for burial of the remains, at the Authorizing Agents expense, at: \_\_\_\_\_

**Should the designated person indicated above, fail to arrange for or have delivered, the remains of the Decedent within 60 days immediately following the date of cremation, I (We) hereby authorize Funeral Home to provide for disposition of Decedent in any lawful manner at Authorizing Agents expense.**

Initials of AA: \_\_\_\_\_ Initials of AA: \_\_\_\_\_ Initials of AA: \_\_\_\_\_ Initials of AA: \_\_\_\_\_ Initials of AA: \_\_\_\_\_ Initials of AA: \_\_\_\_\_

**AUTHORITY OF AUTHORIZING AGENT**

I (We), the undersigned, hereby certify that I (We) am/are the closest living next of kin of the decedent and that I (We) am/are related to the Decedent as his/her \_\_\_\_\_ or that I otherwise serve(d) in the capacity of \_\_\_\_\_ to the Decedent, that I 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 \_\_\_\_\_ to execute the authorization form and to arrange for the cremation and disposition of the cremated remains of the Decedent. In addition, I (We) am/are aware of no objection to this cremation by anyone with the primary right of disposition.

Initials of AA: \_\_\_\_\_ Initials of AA: \_\_\_\_\_ Initials of AA: \_\_\_\_\_ Initials of AA: \_\_\_\_\_ Initials of AA: \_\_\_\_\_ Initials of AA: \_\_\_\_\_

**LIMITATION OF LIABILITY**

As the Authorizing Agent(s), I (We), hereby agree to indemnify, defend, and hold harmless the Funeral Home and/or Crematory, their officers, agents and employees, of and from any and all claims, demands, causes or causes of action, and suits of every kind, nature and description, in law and equity, including any legal fees, costs and expenses of litigation, arising as a result of, based upon or connected with this authorization, including the failure to properly identify the Decedent or the human remains transmitted to the Crematory, the processing, shipping, and final arrangements of the Decedent's cremated remains, the failure to take possession or make proper arrangements for the final arrangements of the cremated remains, any damage due to harmful or explodable implants, claims brought by any other person(s) claiming the right to control the disposition of the Decedent or the Decedent's cremated remains, or any other action performed by the Funeral Home and/or Crematory, it's officers, agents, or employees, pursuant to this authorization, excepting only acts of willful negligence. The obligations of the Crematory shall be limited to the cremation of the Decedent and the disposition of the Decedent's cremated remains as authorized on the Cremation Authorization Form. NO WARRANTIES EXPRESS OR IMPLIED ARE MADE AND DAMAGES SHALL BE LIMITED TO THE AMOUNT OF THE CREMATION FEE PAID TO CREMATORY.

Initials of AA: \_\_\_\_\_ Initials of AA: \_\_\_\_\_ Initials of AA: \_\_\_\_\_ Initials of AA: \_\_\_\_\_ Initials of AA: \_\_\_\_\_ Initials of AA: \_\_\_\_\_

**SIGNATURE OF AUTHORIZING AGENT(S)**

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Executed at McCarty-Thomas Funeral Home, 557 E. Water St., Hughesville, Pennsylvania, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Executed at \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Relationship to Decedent: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Relationship to Decedent: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

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Address: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Relationship to Decedent: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Relationship to Decedent: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
Signature of Funeral Director as Witness for Signature(s) of Authorizing Agent(s)

McCarty-Thomas Funeral Home, Inc.  
Name of Funeral Home