

Lic# CREGG & FEG30 John 855

Director's Choice

Mortuary Services

9316 Susan Ave. SE
Albuquerque, NM 87123
505-275-6524

For Crematory Use Only	
Tag ID #	
Date	
Start Time	
Cremation Unit	



CREMATION AUTHORIZATION

Who Can Sign the Cremation Authorization Form?

New Mexico Statute (Chapter 61; Article 32; Section 19) designates the person(s) empowered to authorize this cremation. If the adult children, parents or siblings are the highest next of kin designated by law to authorize cremation, a majority of the designated class is needed to authorize (for example: if 4 children, 3 must authorize). It is the policy of Directors Choice & Terrace Grove Crematory to ensure that at least one of the authorizing methods is used for cremation to proceed.

Therefore, I/We, the undersigned, hereby certify that I/We are the closest survivors and/or possess the highest right to make the disposition of the deceased according to the laws of the State of New Mexico. In addition, I/We represent that there is no objection to this cremation, nor is there any objection to the release and final disposition of the cremated remains, by anyone with legal standing, including a spouse, adult children, parents, or adult siblings of the deceased. Separate authorization(s), if necessary, shall be attached to and considered part of this form.

I certify that the Deceased had the following survivors who may by law, in order given, control disposition.

(Note: The person by the first YES answer is the person who must Sign the Cremation Authorization Form)

1. There is a surviving legal spouse: YES NO Initials of AA _____
2. There are surviving adult children: YES NO How Many? _____ Initials of AA _____
3. There are surviving parents/legal guardians: YES NO Initials of AA _____
4. There are surviving adult siblings: YES NO How Many? _____ Initials of AA _____
5. The deceased left written instructions regarding the final disposition of his/her body and is signed by the individual and notarized or witnessed by two persons: YES NO Initials of AA _____

If YES, the funeral home must receive a copy to attach to this form- this will guide the final disposition.

6. There is a Will including an express statement in his/her will indicating that the testator desired that his/her remains be cremated upon death: YES NO Initials of AA _____

If YES, please attach the pages of the Will and the signature page of will

7. An adult who has exhibited special care and concern for the decedent, who is aware of the decedent's view and desires regarding the disposition of his/her body and who is willing and able to make a decision about the disposition of the decedent's body.

(Affidavit for Cremation must be attached) YES NO Initials of AA _____

Name: _____

1200 W. Aragon Rd
Belen, NM 87002

Case ID: _____

505-864-0823





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First Name **Middle** **Last**
Date of Death: _____ **Time of Death:** _____ **Age:** _____ **Sex:** _____
Place of Death: _____ **Height:** _____ **Weight:** _____
(There is an additional \$ _____ charge for the cremation of persons above 250 lbs.)

The cremation, processing and disposition of the remains of the deceased shall be performed in accordance with all governing laws, and the policies, procedures, and requirements of Directors Choice & Terrace Grove Crematory.

This document describes many of the policies and requirements of Directors Choice & Terrace Grove Crematory. Each Authorizing Agent(s), (hereinafter referred to as the "AA") should read this carefully and initial each section before executing this authorization. It is the responsibility of the legal survivors, not Directors Choice & Terrace Grove Crematory, to make sure all required signatures are provided. It may be necessary to electronically send this document to another legal survivor upon your direction.

I/We the undersigned Authorizing Agent(s), certify, warrant and represent that I/We are the legal next of kin and have full legal right and authority to authorize the cremation, processing, and disposition of the remains of _____ (Name of deceased-hereinafter referred to as the "Deceased"). I/We hereby request and authorize Directors Choice & Terrace Grove Crematory to take possession of and make arrangements for the cremation of the remains of the deceased. Also, I/We agree to indemnify and hold Directors Choice & Terrace Grove Crematory, its officers, agents and employees harmless from any and all loss, costs, or damages that may suffer or incur by reason of action upon the order and authorization set forth.

Initials of AA _____

A. THE CREMATION PROCESS- All cremations are performed individually. Cremation is performed by placing the deceased in a container and then placing the container into a cremation chamber where the temperature is raised to about 1650 degrees Fahrenheit. During the cremation process it may be necessary to open the cremation chamber and reposition the deceased in order to facilitate a complete and thorough cremation. Incineration of the container and contents is accomplished and all substances are consumed or driven off, except bone fragments and metal, as the temperature is not sufficient to consume them. Following a cooling period, the cremated body, which will normally weigh several pounds in the case of an average size adult, is then swept or raked from the cremation chamber. In addition, while every effort is made to avoid commingling, inadvertent or incidental commingling of minute particles of the cremated body from the residue of previous cremations is a possibility. After the cremated body is removed from the cremation chamber, all non-combustible materials (insofar as possible), such as bridgework, and materials from the container, such as hinges, latches, etc., will be separated and removed from the human bone fragments by visible or magnetic selection and will be disposed of by the crematory with similar materials in a non-recoverable manner. The cremated body is then processed to allow for placement in a suitable container. The crematory makes a reasonable effort to put all of the cremated body in the container with the exception of dust and other residue, which may remain on the equipment.

Initials of AA _____

B. PROCEDURES. The non-combustible items may be destroyed during the cremation process. I/We further authorize that if any items, other than the cremated body of the deceased, are recovered from the cremation chamber, they may be separated from the cremated remains of the deceased, and disposed of by the crematory.

Initials of AA _____

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C. DEVICES. Mechanical or radioactive devices in the deceased may create a hazardous condition when placed in the cremation chamber. It is imperative that these items be removed prior to cremation. I/We also understand that in the event of failure to notify the Funeral Director or others responsible for the removal of such a device, I/We will be liable for any damages to the crematory or injury to crematory personnel. I/We hereby certify that the human remains of the deceased **Do () Do Not ()** contain any such devices. In the event any of these devices are present, I/We hereby authorize Directors Choice, and its agents and employees, to remove any such device from the remains of the deceased prior to cremation. **Pacemaker Removal Fee of \$ _____.**

Initials of AA _____

D. CASKET/CONTAINER. The crematory requires that the body of the deceased be delivered to the crematory in a suitable container to provide dignity for the deceased and safety for the crematory operator. This container must meet the following standards: (1) be composed of readily, combustible materials suitable for cremation; (2) be able to be closed to provide a complete covering for the deceased; (3) be resistant to leakage or spillage; (4) be rigid enough for handling with ease.

Type of container/casket _____ Initials of AA _____

E. URNS/CONTAINERS. After the cremated body has been processed, the cremated body will be placed in a designated urn or container. Directors Choice & Terrace Grove Crematory will make a reasonable effort to put all of the cremated body in the urn or container. In the event the urn or container provided is insufficient to accommodate all of the cremated body, the excess will be placed in a secondary container, and will be handled according to disposition instructions listed in this document. After 365 days, Directors Choice reserves the right to dispose of unclaimed cremated remains in a lawful manner. **Initials of AA _____**

Type of urn/container _____ Initials of AA _____

F. IDENTIFICATION. We believe in our cremation identification policy and careful procedures held, which ensures that cremations under our care and control are conducted properly. Cremation is an irreversible process. And where there is human involvement there is the ever-present potential for human error. While extremely rare, hospital staff, coroner staff, mortuary staff, and others are subject to making a mistake in the identification of the deceased. Consequently, in our goal to never allow such a mistake, we ask for a positive identification of the deceased prior to cremation. There is no embalming and only a very limited time that the body may be transferred out of refrigeration and identified refrigeration or embalming are required by state law 24 hours after death. The identification occurs in the container that will shelter the deceased prior to cremation and will be later consumed in the cremation process. If there is no identification, I/We understand that there will be a mandatory waiting period of at least 48 hours from the time Directors Choice & Terrace Grove Crematory receives the body until the cremation process begins.

Initials of AA _____

I/We have identified the human remains as the deceased, and have authorized Directors Choice & Terrace Grove Crematory to move forward with cremation. **Initials of AA _____**

OR- I/We have chosen to waive the right of identification and assume full responsibility on behalf of such waiver.

Initials of AA _____

TIME OF CREMATION. Directors Choice & Terrace Grove Crematory is authorized to perform the cremation upon receipt of the human remains, at its discretion, and according to its own time schedule, as work permits, without obtaining any further authorization or instructions. **RUSH FEE FOR CREMATION WITHIN HOURS OF RECEIPT OF FINAL PERMIT IS \$ _____.** **7-10 BUSINESS DAY SCHEDULED CREMATION FEE IS \$ _____.**

:

Initials of AA _____

Name: _____

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By executing this cremation authorization, as Authorizing Agent(s), the undersigned warrant that all representations are true and correct, that those statements were made to induce Directors Choice & Terrace Grove Crematory to cremate the human remains of _____ (Deceased Name), and that the undersigned have read and understand every provision contained in this document.

1. _____
Signature _____ Print Name _____ Relationship _____

Address _____ City _____ State _____ Zip Code _____

2. _____
Signature _____ Print Name _____ Relationship _____

Address _____ City _____ State _____ Zip Code _____

3. _____
Signature _____ Print Name _____ Relationship _____

Address _____ City _____ State _____ Zip Code _____

4. _____
Signature _____ Print Name _____ Relationship _____

Address _____ City _____ State _____ Zip Code _____

Funeral Director _____

Executed this _____ day of _____, 20__.

IF THIS FORM IS NOT SIGNED IN THE PRESENCE OF A FUNERAL DIRECTOR, IT MUST BE SIGNED IN FRONT OF A NOTARY PUBLIC

(Printed Name of Authorizing Agent)

(Signature of Authorizing Agent)

Signed this _____ day of _____, 20__.

SEAL

STATE OF _____

COUNTY OF _____

(NOTARY SIGNATURE)

MY COMMISSION EXPIRES _____

Name: _____

1200 W. Aragon Rd
Belen, NM 87002

Case ID: _____

505-864-0823

