



# FOUR POINTS

— CREMATORY —

TRUST • DIGNITY • CARE • COMPASSION

## CREMATION AUTHORIZATION

### DECEDENT

Name of Deceased

Residence Address

City, State and ZIP

AGE

SEX

Date of Death

City of Death

Date of Birth

City of Birth

### AUTHORIZING AGENT

Authorizing Agent Name

Authorizing Agent Residence

City, State and ZIP

Authorizing Agent Relationship

### AGENT FUNERAL FACILITY

Facility Name / Transfer Agency

Funeral Director

This Authorization Form must be completed and signed prior to the cremation. Please read it carefully and ask us any questions you may have. Cremation is an irreversible and final process. It is important that you understand the cremation process that is described on this Authorization Form 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 information required on this form.

#### DEFINITIONS

- CREMATORY:** Refers to Four Points Crematory, LLC, located at 757 Mendon Road, Unit B, Cumberland, RI 02864, responsible for performing cremations in accordance with this agreement and by the laws of the State of Rhode Island.
- AUTHORIZING AGENT:** The individual legally entitled to control the disposition of the Decedent's remains and to authorize the cremation process.
- AGENT FUNERAL FACILITY:** The licensed funeral establishment or it's agent designated by the Authorizing Agent to arrange for the transfer and handling of the Decedent's remains to and from the Crematory.
- DECEDENT:** The individual whose remains are to be cremated under this agreement.

#### AUTHORIZATION FOR CREMATION

I, the undersigned, as the legally authorized agent for the Decedent, hereby authorize Four Points Crematory, LLC to cremate the remains of the Decedent as received from the Agent Funeral Home. I confirm that I have the legal right to authorize this cremation and that all provided information is accurate.

#### PACEMAKER & IMPLANT REMOVAL

Pacemakers, defibrillators, and other battery-operated medical devices must be removed prior to cremation due to potential explosive hazards. If a pacemaker or similar device is present, the Authorizing Agent: Certifies that no such device is implanted in the Decedent or it has been removed prior to delivery by the Agent Funeral Facility to the crematory OR authorizes the crematory to have a qualified individual remove the device before cremation. The Authorizing Agent and Agent Funeral Facility agree that any damage caused by failure to remove a pacemaker, or notify the crematory of the presence of a medical device shall be the sole responsibility of the Authorizing Agent.

#### PROSTHETICS, METALS, & OTHER MATERIALS

Prosthetics, artificial joints, metal implants, dental implants, precious metals, jewelry and similar materials will be destroyed or rendered unrecoverable during the cremation process. The Agent Funeral Facility will remove any jewelry requested by the Authorizing Agent prior to delivery to the crematory. The crematory is not responsible for any jewelry that has not been removed by the Agent Funeral Facility prior to arrival at the crematory. The Authorizing Agent grants permission for the Crematory to dispose of or recycle any remaining metal fragments or prosthetics as deemed appropriate by the Crematory.

#### DESCRIPTION OF CREMATION PROCESS

Cremation is an irreversible process that uses high temperatures to reduce the Decedent's remains to bone fragments. The process takes place in a specifically designed chamber where: The Decedent is placed in the cremation chamber. The body is exposed to heat and flame, consuming soft tissue and reducing remains to bone fragments. Following cooling, the remaining bone fragments are processed to a finer consistency. While every effort is made to collect all remains, small residual fragments may be left behind due to the nature of the process. The processed remains are placed into temporary container or urn provided by the authorizing agent or agent funeral facility. When complete the Crematory will release the cremated remains in the manner listed on this authorization.

#### AUTHORIZATION FOR RELEASE OF REMAINS

As directed by the Authorizing Agent, the cremated remains of the Decedent shall be released to the following individual or entity:

### ACKNOWLEDGMENT & SIGNATURE

I, the Authorizing Agent, have read and understood this authorization in its entirety. I confirm that I have the legal authority to authorize cremation, and all information listed to be true to the best of my knowledge, and release Four Points Crematory, LLC, its agents or subsidiaries from any liability resulting from this authorization.

Signature of Authorizing Agent

Date

Signature of Agent Funeral Director

Date

#### OFFICE USE ONLY

Date of Arrival: \_\_\_\_\_ Time: \_\_\_\_\_

Cremation ID #: \_\_\_\_\_



Data Entry Complete

Cremation Complete

Remains Returned