

Cremation # _____

Lakeside Crematory, LLC

AUTHORIZATION FOR CREMATION AND DISPOSITION

Lakeside Crematory, LLC requires that this Authorization Form be completed and signed prior to the cremation. **CREMATION IS AN IRREVERSIBLE AND FINAL PROCESS.** It is important that you understand the cremation process that is described in 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 cremation process or other questions that you may have. **THE AUTHORIZATION IS NOT A CONTRACT FOR CREMATION SERVICES. A SEPARATE CONTRACT OR CONTRACTS WILL BE REQUIRED TO PURCHASE THE SERVICES OF THE FUNERAL HOME AND/OR CREMATORY.**

IDENTIFICATION

Name of Decedent: _____ Date of Death: _____ Time: _____

Place of Death: _____ Sex: _____ DOB: _____ Age: _____

Race: _____ Weight: _____ Height: _____ SS: _____ - _____ - _____

Did the death occur as a result of a disease declared by the Department of Health and Hospitals to be infectious, contagious, communicable, or otherwise dangerous to the public health, if known?

Yes No

I/We or our designated representative has identified the remains personally or verified the identity of the Decedent and assume full responsibility for the identity of Decedent.

Initials of Authorizing Agent(s): _____

Do the decedent's remains contain a pacemaker? **Yes** **No**

If yes, was the pacemaker removed prior to delivery to the Crematory? **Yes** **No**

Was the decedent treated with radioactive implants? **Yes** **No**

If yes, the following list contains all radioactive implants and date of implantation: _____

The body of most radioactive implant patients can be cremated safely at any time. If the body is to be cremated less than 20 months from the date of the radioactive implant, the cremated remains should not be processed and should be put in a metal urn for storage or burial. Cremated remains should not be scattered until 20 months from the date of the implant. If the date of radioactive implantation is less than 14 days, the physician or hospital must be notified.

Do the decedent's remains contain any other mechanical or prosthetic devices? **Yes** **No**

If yes, the following list contains all mechanical and/or prosthetic devices which are implanted in or attached to the Decedent: _____

I understand that if the Funeral Home has not been notified about such devices or implants, and not instructed to remove them, I/We are responsible for any damages caused to the Crematory or crematory personnel by such implants or devices.

Initials of Authorizing Agent(s): _____

I/We understand that if I/we wish to remove and/or retain any item from the remains, casket or container, I/we must do so directly or by authorized agent prior to the transportation of the Decedent from the Funeral Home to the Crematory. Accordingly, any items of value not removed from the casket or alternative cremation container prior to its delivery to the Crematory will be cremated, destroyed, and disposed. I understand that the Crematory shall not be liable for, and I agree to hold harmless and

indemnify the Crematory against, any claims for loss, damage or destruction of any items of value delivered to the Crematory in the casket or alternative cremation container.

Initials of Authorizing Agent(s): _____

CREMATION CASKET/CONTAINER AND URN

Louisiana Law, requires the remains of Decedent to be in a suitable container for cremation. The Crematory requires a combustible cremation container. If the Crematory accepts a non-combustible container, then the Crematory is authorized to dispose of the container in any way it sees fit. Type of Container Selected: _____

A formal or decorative urn to hold the cremated remains may be purchased but is not required. If an urn is not purchased, the cremated remains must be delivered in a rigid sealable container that meets minimum requirements of the Crematory and Funeral Home.

Urn selected by Authorizing Agent. Description of Urn: _____

Memorialization/Keepsakes. Description: _____

AUTHORITY TO CREMATE AND ORDER FOR DISPOSITION

I (We), the undersigned (the "Authorizing Agent(s)"), hereby request and authorize _____ hereinafter referred to as "Funeral Home") License No. _____ and Lakeside Crematory, LLC (hereinafter referred to as the "Crematory") to take possession of and make arrangements for the cremation of and the final disposition of the Decedent named above (the "Decedent") in accordance with and subject to the provisions set forth in this document, and in accordance with and subject to their rules and regulations, and any applicable state or local laws or regulations.

AUTHORITY OF AUTHORIZING AGENT(S) I (We) hereby certify that the Decedent left the surviving heirs at Law: Spouse Yes No # _____ Children Yes No # _____

Grandchildren Yes No # _____ Parents Yes No # _____ Siblings Yes No # _____

Other Name (s and Relationship): _____

I/We certify that Decedent named above gave specific directions in the form of a written and notarized declaration to be cremated. (If "Yes" written and notarized authorization must be attached. **Yes** **No**

Initials of Authorizing Agent(s): _____

I/We have read and understand the description of the cremation process contained in this Agreement and give full permission for the following: A The cremation of the remains of the Decedent; B The incidental or inadvertent commingling of the cremated remains; C The processing of the remains and resulting incidental commingling of the cremated remains; D The disposal by the Crematory of metal or other non-human material recovered to which may be affixed bone particles or other human residue.

Initials of Authorizing Agent(s): _____

DECLARATION OF FINAL DISPOSITION

DECLARATION OF INTENT FOR THE DISPOSITION OF CREMATED REMAINS

The Crematory is to return the cremated remains of the Decedent to the possession and custody of the Funeral Home. I/ We hereby authorize the funeral home to arrange for the disposition of the cremated remains of the deceased as follows:

Cemetery _____ Return to Designated Agent (see name(s) listed below)

Name (Designee): _____ Relationship: _____

Address: _____

Initials of Authorizing Agent(s) _____

We understand that the services and obligations of the Crematory shall be fulfilled when the cremated remains of the Decedent are returned to the possession and custody of the Funeral Home. If the cremated remains are unclaimed after 60 days from the date of cremation, the cremated human remains may be disposed of by the funeral home in any manner permitted by law.

Initials of Authorizing Agent(s): _____

Cremation is NOT the final disposition, nor is placing the cremated remains in storage at a funeral home final disposition. The cremation process simply reduces the decedent's body to cremated remains. These cremated remains usually are several pounds and usually measure in excess of 150 cubic inches. Some provision must be made for the final disposition of these cremated remains. If the option selected for final disposition include scattering, then the cremated remains will not be recoverable. If scattering is performed in a common area, then the cremated remains may be commingled with particles of other cremated remains that have been previously scattered.

Initials of Authorizing Agent(s): _____

SIGNATURE OF AUTHORIZING AGENT(S)

THIS IS A LEGAL DOCUMENT. IT CONTAINS IMPORTANT PROVISIONS CONCERNING CREMATION. CREMATION IS IRREVERSIBLE AND FINAL. READ THIS ENTIRE DOCUMENT CAREFULLY BEFORE SIGNING.

I/We the undersigned, hereby certify that I am the closest living next of kin of the Decedent or that I otherwise have charge of the remains of the Decedent and as such possess full legal authority and power to execute this authorization form and to arrange for the cremation and disposition of the cremated remains of the Decedent. In addition, I am aware of no objection to this cremation by any spouse, child, parent or sibling specified. By executing this cremation authorization form, as Authorizing Agent(s), the undersigned warrants that the undersigned have read and understand the provisions contained in this document.

Executed at _____ this _____ day of _____, 20 _____

Name: _____ Relationship to Decedent: _____

Signature of Authorizing Agent: _____ Signature of Witness: _____

Name: _____ Relationship to Decedent: _____

Signature of Authorizing Agent: _____ Signature of Witness: _____

Name: _____ Relationship to Decedent: _____

Signature of Authorizing Agent: _____ Signature of Witness: _____

Name: _____ Relationship to Decedent: _____

Signature of Authorizing Agent: _____ Signature of Witness: _____

Name: _____ Relationship to Decedent: _____

Signature of Authorizing Agent: _____ Signature of Witness: _____

Witness*: _____ (printed name)

*If a Funeral Director verifies, based on the representations of the Authorizing Agent(s) listed that the Decedent being transferred to the custody of the Crematory are those of the Decedent identified above and represents that all proper paperwork which may include a Burial Permit, Burial Transit Permit, or Cremation Permit, authorizing the cremation of the Decedent will be delivered to Crematory.

If electronically transmitted, this form must be notarized and filled out below. The original of this document must be delivered directly to Lakeside Crematory without delay. Before me, undersigned authority appeared _____ who on oath said he/she witnessed execution of the above with his true signature, which appears thereon, in the presence of the parties and the other witness, who also signed. Sworn to and subscribed to before me this ____ day of _____ 20____, at _____ in the State of _____.

Signature of Notary Public _____

REPRESENTATIONS OF FUNERAL HOME

Funeral Home, through its duly authorized undersigned representative, certifies that he/she has reviewed this form with the Authorizing Agent(s); that no member of Funeral Home has any knowledge or information that would lead us to believe that any of the answers provided by the Authorizing Agent(s) are incorrect; that the human remains delivered to the Crematory are the same human remains that were identified by Authorizing Agent(s) and the Funeral Home as the Decedent; that Funeral Home has obtained all the necessary permits authorizing the cremation and those permits are attached hereto; and that the representations concerning a pacemaker and other materials or implants that may be potentially hazardous are true. Funeral Home agrees to hold harmless, indemnify and defend the Crematory as well as Crematory's representatives, directors, officers, agents, employees and shareholders, from and against all claims, liabilities or damages whatsoever (including reasonable attorney fees which may result from this authorization and order, and also including any failure to properly identify the remains, failure to take possession of or make proper arrangements for the final disposition of the cremated remains, the processing of remains, shipping of remains, any explodable or harmful impact, infectious diseases, any claims of other persons claiming rights to control disposition of the remains, or any other cause.

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 above and that the Funeral Home, based upon the representations of the Authorizing Agent, has taken reasonable precautions to ensure the removal from the Decedent's remains of any Device listed in this Agreement or to render such Device non-hazardous. The Funeral Home also certifies that any personal items have been removed from the remains of the Decedent for the purpose of delivery to the Authorizing Agent.

Funeral Home: _____ Funeral Director: _____

Signature of Funeral Director: _____ License Number: _____