

ROOSEVELT MEMORIAL PARK ASSOCIATION CREMATION AUTHORIZATION AND DISPOSITION

No cremation or interment shall take place until a written authority along with a completed Application and Permit for Disposition of Human Remains signed by the authorized representative(s) of the deceased have been given to the cemetery authority. (Sections 10375 and 7100, Health & Safety Code.)

The undersigned requests and authorizes Roosevelt Memorial Park Association, in accordance with and subject to its rules and regulations and the appropriate sections of the California Health and Safety Code, to cremate and process in a manner suitable for interment the remains of:

Address of Deceased: _____

Delivered in a _____ container.

I/we represent and warrant to you that I/we am/are the person(s) having the right to control the disposition of remains of the decedent.

* I/we have the right because I/we am/are: **(Initial one)**

_____ Self
_____ the _____ (state relationship) of decedent
_____ acting as the agent of _____ (state name of next of kin and provide notarized letter of authority)
_____ Funeral Director/Cemetery Authority **IF** no family members are surviving and decedent had a signed pre-need arrangement (a copy is required)

I make this declaration to induce you to cremate the above named decedent and agree to hold you harmless from any claims which may result from the use of this declaration. Further, I acknowledge the following: "A person having the right to control disposition of cremated remains may remove the remains in a durable container from the place of cremation or interment, pursuant to Section 7054.6 of the Health and Safety Code." Section 7685.2(c)(2), Business and Professions Code.

(Initial ALL of the following *)

I do hereby give this explicit authorization to: Roosevelt Memorial Park Crematory (the "Crematory") to provide the following services, to wit I agree to pay the usual and customary fees.

- * _____ 1) I/we hereby acknowledge that I/we are responsible for the removal of any jewelry or mementos from the deceased before cremation.
- * _____ 2) I/we understand that items such as personal mementos, jewelry, dental appliances or dental gold/silver, prostheses and any other foreign material placed in the cremation container with the Decedent and cremated will either be destroyed or rendered unrecognizable. If any such items are recovered from the cremation chamber, I authorize their disposal.
- * _____ 3) The crematory will accept for cremation only those caskets or containers which meet the definition of a cremation container and which is labeled with the identity of the decedent. (Section 7006.5, Health and Safety Code.) I authorize the Crematory to remove and dispose of handles, ornaments and all other non combustible material of the cremation container.
- * _____ 4) In the event of there being more cremated remains than the container provided, or the urn which I/we have chosen, will hold, I/we direct Roosevelt Crematory to place the balance of the cremated remains in a secondary container and have it attached to the primary container in accordance with Section 8345, Health & Safety Code.

IMPLANTS, MECHANICAL & RADIOACTIVE DEVICES, DANGEROUS ARTIFACTS:

Mechanical or radioactive devices, such as pacemakers and insulin pumps may be a hazard if placed in the cremation chamber. The Crematory will therefore not knowingly cremated any remains which contain such a device.

- * _____ 5) I certify that the remains of the Decedent do not contain a mechanical device or that I have arranged for their removal and disposal prior to delivery to the Crematory.
- * _____ 6) I certify that the container of the Decedent does not contain any bullets, bottles, cans or other dangerous artifacts.

I/we further acknowledge that "The Human body burns with the casket, container, or other material in the cremation chamber. Some bone fragments are not combustible at the incineration temperature, and as a result, remain in the cremation chamber. During the cremation, the contents of the chamber may be moved to facilitate incineration. The chamber is composed of ceramic or other material which disintegrates slightly during each cremation and the product of that disintegration is commingled with the cremated remains. Nearly all of the contents of the cremation chamber, consisting of the cremated remains, disintegrated chamber material, and small amounts of residue from previous cremations, are removed together and crushed, pulverized or ground to facilitate inurnment or scattering. Some residue remains in the cracks and uneven places of the chamber. Periodically, the accumulation of this residue is removed and interred in a dedicated cemetery property, or scattered at sea." (Section 7054.7 of the California Health and Safety Code)

- * _____ My/our initials at the left indicate my knowledge that this is page 1 of 2 of the cremation authorization and that both pages, together, constitute a complete authorization.

* _____ My/our initials at the left indicate my knowledge that this is page 2 of 2 of the cremation authorization and that both pages, together, constitute a complete authorization.

DISPOSITION: I authorize you to take the action I/we have indicated below with respect to the decedent's cremated remains.

* _____ 7) Release the remains to: _____
For the following disposition: _____
Place cremated remains in a _____ urn.

I/we warrant that all statements and representations are true and correct and that I/we have read and understand the provisions contained in this document. This is your authority to make disposition of the remains as above indicated, and I/we assume full responsibility for their identity whether or not I/we viewed the remains. In the event such remains have not been permanently interred or picked up by me or my agent designated for said purpose within (90) days of the date of death, they shall be considered abandoned by me. Roosevelt Memorial Park Association is authorized to dispose of them in any legal manner. I/we hereby agree to indemnify, release and hold Roosevelt Crematory, Cemetery Authority, Funeral Home, their affiliates, agents, employees, and assigns harmless from any and all loss, damages, liability or causes of action (including attorney's fees and expenses of litigation) in connection and disposition of the cremated remains of the deceased. I understand that Roosevelt Memorial Park Association cremation services responsibilities are limited to the performance of the cremation of the deceased, herein named.

FOR MORE INFORMATION ON FUNERAL, CEMETERY AND CREMATION MATTERS, CONTACT THE DEPARTMENT OF CONSUMER AFFAIRS, CEMETERY & FUNERAL BUREAU, 400 R STREET, SUITE 3080, SACRAMENTO, CA 95814. (916) 322-7737

X

_____ Date _____ Signature _____ Relationship _____

FUNERAL DIRECTOR: _____
_____ Address _____ Phone _____
_____ City and State _____

I.D. NUMBER _____
_____ Signature of Director in Charge _____

CREMATION NO. _____

SEE OTHER SIDE FOR EXPLANATION OF TERMINOLOGY TOTAL CHARGES DUE \$ _____

RETURN WHITE AND YELLOW COPY TO THE CEMETERY DATE _____