



Simple, Dignified, Low Cost Cremation  
**www.ChoiceCremations.com**

**Cremation Authorization**

**Choice Cremations of the Cascades**

3305 Colby Ave., Everett, WA 98201  
 Phone 425-231-0809 Fax 425-954-0007  
 Support@ChoiceCremations.com

Date \_\_\_\_\_

File # \_\_\_\_\_

Cremation # \_\_\_\_\_

The undersigned hereby requests and authorizes **CHOICE CREMATION OF THE CASCADES**, which is located at 3305 Colby Ave., Everett, WA 98201, in accordance with and subject to its rules and regulations, to cremate the human remains of:

(Full name on death certificate) \_\_\_\_\_  
 who died in (city) \_\_\_\_\_, (state) \_\_\_\_\_ on the \_\_\_\_\_ day  
 of \_\_\_\_\_, 20\_\_\_\_\_ and, agrees to be responsible for and pay all charges  
 incurred with respect to this authorization. After the cremation has been completed, understanding that cremation in and of  
 itself is not the "final" disposition, the following is requested (choose one):

**RECEIVE CREMATED REMAINS AT OUR OFFICE BY APPOINTMENT.** If left unclaimed for 60 days, the undersigned authorizes the shipping of the cremated remains via express USPS mail and agrees to assume all liability for any damages that may arise from any cause growing out of said delivery and to indemnify and hold harmless Choice Cremations and the Funeral Director(s) from any and all claims related to said shipment. The undersigned also agrees to pay the charge for such delivery in the amount of **\$150.00** or more. \_\_\_\_\_ (Initial)

Release only to these named individuals:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**OR**  **SHIPPING OF THE CREMATED REMAINS (fees apply)**

The undersigned hereby authorizes the shipping of the cremated remains via express USPS mail and agrees to assume all liability for any damages that may arise from any cause growing out of said delivery and to indemnify and hold harmless Choice Cremations and the Funeral Director(s) from any and all claims related to said shipment. The undersigned also agrees to pay the charge for such delivery in the amount of **\$150.00** or more. \_\_\_\_\_ (Initial)

**Please provide a shipping address:**

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

It is requested that the  standard cremation tray (included) or  other \_\_\_\_\_  
 cremation unit be used. I (we) select the following urns:  plastic urn (included) or  other \_\_\_\_\_

I (we) understand that due to the nature of the cremation process, any personal possessions have either been removed or I (we) know they will be destroyed and are not recoverable after the cremation process has been completed. The cremated remains, which normally weigh several pounds in the case of an average size adult, are then removed from the cremation chamber. Following a cooling period, all non-combustible materials ((in so far as possible) such as dental work, materials from the casket or the cremation container) will be separated and removed from the human bone fragments. I (we) understand that the remaining cremated remains are bone fragments, which will then be processed or reduced in size to granulated particles of

unidentifiable dimensions, virtually unrecognizable as human remains, prior to placement into the designated container. In the event the capacity of the urn I (we) selected is less than the amount of the processed cremated remains, the crematory is authorized to return the excess cremated remains in a separate temporary container. \_\_\_\_\_ (Initial)

Because stimulators and pacemakers are dangerous when placed in a cremation chamber, if the crematory has not received proper notice, the family shall be responsible for any damage resulting and the crematory will not be responsible or accept any liability under those circumstances. Therefore, I (we) authorize the removal and proper disposal of such devices from the deceased. \_\_\_\_\_ (Initial) **DOES YOUR LOVED ONE HAVE SUCH A DEVICE? YES\_\_\_\_\_ NO\_\_\_\_\_**

I (we) also understand that in the course of the cremation process, the crematory will exercise all reasonable efforts to avoid commingling of the cremated remains of the deceased with other cremated remains that were previously cremated. However, some minimal commingling may inadvertently occur, as some dust and other residue from the cremation process may be left behind. I (we) hereby expressly acknowledge the possibility of incidental or inadvertent comingling of the deceased with other residual dust and residue remaining in the cremation chamber and or other devices used to reduce the cremated remains. I (we) further agree that I (we) will indemnify and hold harmless the crematory and funeral director from any claims contrary whether real or imagined. \_\_\_\_\_ (Initial)

IDENTIFICATION OF DECEASED PRIOR TO CREMATION I having declined to make identification through actual viewing of the remains hereby agree to indemnify and hold choice cremation of the cascades and its officers, directors, shareholders, affiliates, agents employees, successors and assigns harmless from any and all claims, liabilities, damages, losses, suits or cause of action (including attorneys' fees and expenses to litigation) brought by any person, firm or corporation or the personal representative thereof, relating to arising out of such failure to identify.

**Items to be cremated with decedent:**

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

**Fingerprints for Legacy Touch: Yes\_\_\_\_\_ No\_\_\_\_\_**

***\*\*Signature Required by Next of Kin to Authorize Cremation\*\****

I (we) represent that my (our) relationship to the decedent is that of \_\_\_\_\_  
and I (we) swear that to the best of my (our) knowledge there is no other living person having prior right of control disposition of the remains of the decedent as set forth in the **Revised Code of Washington 68.50.160**.

Phone: \_\_\_\_\_

1) Signature \_\_\_\_\_ Date: \_\_\_\_\_

Print name \_\_\_\_\_

2) Signature \_\_\_\_\_ Date: \_\_\_\_\_

Print name \_\_\_\_\_

3) Signature \_\_\_\_\_ Date: \_\_\_\_\_

Print name \_\_\_\_\_

4) Signature \_\_\_\_\_ Date: \_\_\_\_\_

Print name \_\_\_\_\_

5) Signature \_\_\_\_\_ Date: \_\_\_\_\_

Print name \_\_\_\_\_

6) Signature \_\_\_\_\_ Date: \_\_\_\_\_

Print name \_\_\_\_\_

**VISUAL IDENTIFICATION BY FUNERAL HOME REPRESENTATIVE**

**Name of Deceased:** \_\_\_\_\_

Reason visual identification not performed: Direct cremation selected by Next of Kin

Describe alternative methods used: Medical / Medical Examiner identification bands, photo by family, other identifying marks.

\_\_\_\_\_

ARRANGING FUNERAL DIRECTOR: \_\_\_\_\_

CREMATORY OPERATOR: \_\_\_\_\_