

3287 Washington Road
McMurray, PA 15317
(724) 260-5546
Danielle Andy Belusko, Supervisor



5405 Steubenville Pike
Pittsburgh, PA 15244
(412) 787-1800
April Lea Hoffman, Supervisor

CREMATION AUTHORIZATION AND DISPOSITION

I, (We) the undersigned (the "Authorizing Agent(s)") authorize Pittsburgh Cremation & Funeral Care in accordance with and subject to the rules and regulations of the Commonwealth of Pennsylvania, to cremate the human remains

of (decedent) _____ Age _____ Sex _____

Date of death _____ Place of death _____ and to arrange for the final disposition of the cremated remains as stated in this form.

I, (We) certify that the decedent left the following heirs at law:

Spouse Yes No Name _____

Children Yes No How many _____ Name(s) _____

Parents Yes No How many _____ Name(s) _____

Siblings Yes No How many _____ Name(s) _____

If all responses are "No", the person(s) in the next degree of kinship to the decedent is (are) _____

IDENTIFICATION

I, _____, (Relationship) _____ hereby certify that I have the legal right to arrange for the cremation and disposition of the cremated remains of the above named decedent. In addition, I am aware of no objection to this cremation by any spouse, child, parent, or sibling.

I (We) *have/have not* identified the above named human remains that were delivered to the funeral home and have authorized the funeral home to deliver the deceased to the crematory for cremation.

Initial _____

TIME OF CREMATION

The Crematory is authorized to perform the cremation upon receipt of the human remains, at its discretion, and according to its own schedule, as work permits, without obtaining any further authorization or instructions.

Initial _____

PACEMAKERS AND RADIOACTIVE IMPLANTS

NOTICE: Heart pacemaker and/or radioactive producing implant devices or other life sustaining devices may cause an explosion or damage in the cremation chamber. If the crematory does not receive notice, the person or persons authorizing cremation shall be held responsible for any damage resulting thereof. The funeral director and crematory shall accept NO liability under these circumstances. In view of the above, carefully completely read this document consisting the following certification.

Pacemaker/Radioactive Implant Yes _____ No _____

CERTIFICATION: I Herby certify that I have read and understand the above notice. Initial _____

If you answered yes to the above, please initial the following:

I have instructed the funeral home to remove or arrange for the removal of these devises and to properly dispose of them prior to transporting the decedent to the Crematory.

Initial _____

VALUABLE MATERIAL AND PERSONAL POSSESSIONS

The undersigned acknowledge(s) that due to the nature of cremation, any valuable material including dental gold, will either be destroyed or not be recoverable. Accordingly, all personal possessions have been removed or may be destroyed.

Initial _____

CREMATION CONTAINERS

Type of casket or container selected: _____

Type of urn or container selected: _____

FINAL DISPOSITION

After the cremation has taken place the cremated remains are placed in the designated receptacle, Pittsburgh Cremation & Funeral Care will hold the cremated remains for no longer than 30 days from date of cremation., The undersigned understands Pittsburgh Cremation & Funeral Care will dispose of the cremated remains in accordance with PA law; this final disposition may include the commingling of the cremated remains with other cremated remains at the scattering site, and thereafter the cremated remains of the Decedent shall not be recoverable. The undersigned understands a fee of \$150 will be assessed for this service and agrees to pay such fee.

Initial _____

Release Cremated Remains to: _____ Relationship: _____

Deliver Cremated Remains to: _____

Ship Cremated Remains to: _____

If shipment is authorized, the undersigned authorizes the crematory to deliver the cremated remains via registered US Mail and agrees to pay the handling and mailing fees incurred therein. I (we) agree to assume all liability for any damages that may arise from any cause growing out of said delivery and to indemnify and hold harmless the Pittsburgh Cremation & Funeral Care and the funeral director for any and all claims related to said shipment.

Initial _____

LIMITATION OF LIABILITY

In requesting cremation I (we) acknowledge that such is an irreversible act, and therefore, I do hereby authorize cremation with full knowledge that the funeral director and Pittsburgh Cremation & Funeral Care is acting solely upon my direction. In addition, I (we), the undersigned assume all liability for mistaken identity or incorrect identification, and do hereby agree to indemnify and hold Pittsburgh Cremation & Funeral Care, it agents, officers, and employees harmless from any and all claims, suits or causes of action, including reasonable attorney's fee for the defense thereof, brought by any person, firm or corporation or the personal representative thereof.

SIGNATURE OF AUTHORIZING AGENT(S)

Signed: _____ Relationship: _____

Address: _____

Date: _____ Phone number: _____

Signed: _____ Relationship: _____

Address: _____

Date: _____ Phone number: _____

Signed: _____ Relationship: _____

Address: _____

Date: _____ Phone number: _____

Funeral Director: _____ License #: _____