

IRVINGTON MEMORIAL CREMATORY

41001 Chapel Way Fremont, CA 94538
(510) 656-5800 Lic. CR130

AUTHORITY TO CREMATE

Subject to the Rules & Regulations of **Irvington Memorial Crematory**, you are hereby authorized to cremate the remains of:

Disposition of Cremated Remains:

Funeral Director & Address:

Colma Cremation & Funeral Services 7747 El Camino Real Colma, CA 94014

INFECTIOUS: Yes _____ No _____

PACEMAKER: Yes _____ No _____ Removed by: _____

Delivery to: (Please Initial)

_____ 1. I authorize you to deliver the said remains to:

for the purpose of interment or lawful scattering at sea.

THE CREMATION PROCESS

“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, remaining 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.” (Sect. 7054.7 (b) California health & Safety Code)

When cremating, **Irvington Memorial Crematory** will exercise reasonable efforts in keeping cremated remains separate. However, it is impossible to guarantee or warrant that bone particles or the residue of one cremation could not possibly be mixed with those of another cremation. Also, the temperature of the chamber is raised to meet the minimum Standards for Cremation as set forth by the Bay Area Air Quality Management District Regulations. I do not hold **Irvington Memorial Crematory** responsible beyond reasonable effort.

AUTHORITY TO CREMATE (CONTINUED)

In the event the cremated remains do not all fit in the container I have chosen, I direct **Irvington Memorial Crematory** to: *(Initial One Only)*

_____ A. Return the balance of the remains to me.

_____ B. Place the balance of the remains in a common interment site within Irvington Memorial Cemetery. I specifically authorize the placement and the commingling of the cremated remains of more than one person in the same container or the same interment plot. (Sect. 7054.7 (a)(2)(3) California Health & Safety Code)

I Understand that if it is the intention to save any items, it is my responsibility to remove them before cremation.

I declare under penalty of perjury the foregoing is true and correct and that I make this statement to allow **Irvington Memorial Crematory** to cremate the remains of the decedent. This is your authority to make the disposition of the remains as indicated on prior page, and I assume full responsibility for their identity whether or not I viewed the remains. In the event such remains have not been permanently interred or picked up by myself or my agent designated for said purpose within three (3) months of this date **Irvington Memorial Crematory** is authorized to inter or cause them to be interred in such a manner as you may deem advisable, including commingling thereof by interment in a location or by manner with remains of another person persons. I hereby warrant the said remains contain no pacemaker or other explodable implant and that it is safe to cremate. I hereby agree to protect and indemnify **Irvington Memorial Crematory** or its assigns against any claims or damages which may result on account of this authorization or my failure to properly identify or pick up said remains, including legal fees, costs, and expenses of litigation.

CUSTODY AND DUTY OF INTERMENT- Health & Safety Code, Section 7100

"The right to control the disposition of the remains of a deceased person, unless other directions have been given by the decedent, vest in, and the duty of interment, and the liability for the reasonable cost of interment of such remains devolves upon the..." NEXT OF KIN

CERTIFICATION

- | | | |
|--|-----------|----------|
| 1. Decedent was survived by a spouse | Yes _____ | No _____ |
| 2. Decedent was survived by a child or other | Yes _____ | No _____ |

I certify that I am the _____ (relationship) and Next of Kin pursuant to Sect. 7100, Health & Safety Code, State of California, or the acting agent for the Next of Kin and it is my legal right to control the disposition of the remains of the decedent.

Executed at _____, California, this _____ day of _____ 20 _____.

FUNERAL HOME REP. SIGNATURE

SIGNATURE

SIGNATURE

SIGNATURE

SPECIAL INSTRUCTIONS:

