



1109 South 348th St., Federal Way, WA 98003 (253)874-9000

No. \_\_\_\_\_  
Date \_\_\_\_\_

**AUTHORIZATION FOR CREMATION AND DISPOSITION**

Funeral Home and Crematory 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 Section 5.B. of 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.

**1. DECEASED INFORMATION**

**A. IDENTIFICATION**

Name of Decedent: \_\_\_\_\_ Date of Death: \_\_\_\_\_ Time: \_\_\_\_\_  
Place of Death: \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_ SS: \_\_\_\_\_

The individuals identified below are the legal Authorizing Agent(s). All agent(s) will sign and initial as indicated throughout this authorization

Name of Authorizing Agent (s)	Address	Telephone	Relationship*

\_\_\_\_\_ The Authorizing Agent (s) or personal representative of the Authorizing Agent(s) will view the remains and positively identify them as that of the Decedent; OR  
(initials) (initials) (initials) (initials)

\_\_\_\_\_ The Authorizing Agent(s) or personal representative of the Authorizing Agent(s) has DECLINED or is UNABLE to view the remains BUT has positively identified them as that of the Decedent through the Identification Without Viewing Form;  
(initials) (initials) (initials) (initials)

**B. ARTIFICIAL DEVICES**

Mechanical devices, artificial implants, pacemakers, and certain nuclear medicine residues may create a hazardous condition when placed in a cremation chamber and subjected to high heat. Please list any Artificial Devices implanted in or attached to the Decedent was treated with any Radioactive Materials. Description of Devices: \_\_\_\_\_

\_\_\_\_\_ The remains of the Decedent do not contain any of the Devices described in Section 1B on the reverse side; OR  
(initials) (initials) (initials) (initials)

\_\_\_\_\_ As Authorizing Agent, I/We instruct the Funeral Home to remove each Device listed above and understand they may charge for its services in making or arranging for such removal. The Funeral Home is to dispose of all such Devices in any manner it sees fit, including recycling, and at any time, however Funeral Home shall not sell any devices or foreign material from Cremation.  
(initials) (initials) (initials) (initials)

**C. PERSONAL PROPERTY**

All personal property and effects delivered with the remains of the Decedent to the Crematory, including jewelry, clothes, hair pieces, dental bridgework, eyeglasses, and shoes, will be destroyed in the cremation process or otherwise discarded by the Crematory, in its sole discretion, unless specific instructions for delivery are given below. If no specific instructions are given, I/We release the Funeral Home and Crematory from liability for these items.

Items to be delivered to Authorizing Agent or Designee: \_\_\_\_\_

**2. FUNERAL HOME AND CREMATORY**

The Authorizing Agent authorizes the Funeral Home and Crematory set forth below to carry out the directions and instructions of the Authorizing Agent contained in this Authorization.

Name of Funeral Home: Cascade Memorial Address: 1109 South 348th St., Federal Way WA, 98003  
Name of Crematory: \_\_\_\_\_ Address: Washelli Crematory

**3. CREMATION CONTAINER AND URN**

**A. CREMATION CONTAINER**

Crematory 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 Cremation Container Selected: \_\_\_\_\_

**B. URN**

A formal or decorative urn to hold the cremated remains may be purchased but is not required. If an urn is not purchased, the Authorizing Agent must provide a suitable temporary container to hold the cremated remains (typically sealable and rigid).

Urn selected by Authorizing Agent. (Description): \_\_\_\_\_  
 Jewelry, Keepsakes, Memory Glass, Other. (Description): \_\_\_\_\_

**4. Cremation Attendance, Acknowledgement and release form**

**A. Attendance**

Some crematories may allow attendance at the crematory to witness the placement of the cremation container into the crematory. Undersigned agree(s) to hold harmless, release and indemnify Crematory and Funeral Home, its employees, parent and successor companies, officers, agents, for any and/all distress, illness, psychological injury, including claims for emotional distress and any related damages resulting from viewing the process.

Attendance YES  NO

\_\_\_\_\_  
(initials) (initials) (initials) (initials)

**B. SERVICES**

Prior to the cremation of the Decedent's remains, a visitation and/or funeral ceremony was arranged as set forth below:

Date(s): \_\_\_\_\_ Time(s): \_\_\_\_\_ Place of Ceremonies: \_\_\_\_\_

**C. TIME**

The cremation of the Decedent's remains cannot take place until all legal requirements have been fulfilled (See reverse side). Unless stated otherwise, the Crematory may perform the cremation as its schedule allows, subject only to State holding periods. The Cremation shall be completed upon crematory receiving all required approvals OR the date set forth below, whichever is longer.

\_\_\_\_\_  
(initials)    (initials)    (initials)    (initials) Crematory may proceed on its schedule;

OR

\_\_\_\_\_  
(initials)    (initials)    (initials)    (initials) Crematory must use its best efforts to wait until \_\_\_\_\_ Date \_\_\_\_\_ to proceed with cremation.

**5. AUTHORIZATION**

**A. AGENT**

As Authorizing Agent, I/We represent that I/We have the right to authorize the cremation of the Decedent's remains and warrant:

\_\_\_\_\_  
(initials)    (initials) As Authorizing Agent, I/We have filled in Section 5A, and certify, warrant, represent that I/We have the full legal right and authority as the legally authorized person to authorize the cremation of the Decedent. I/We understand that any living person who meets the qualifications of any level above or equal to the one I/We filled in would have a superior or equal right to act as the Authorizing Agent. I/We certify, warrant, and represent that I/We am/are not aware of any objection to the cremation of the Decedent by anyone in the same class of legally authorized person/s as myself/ourselves or in a higher priority class of legally authorized person/s.

**B. CREMATION PROCESS**

\_\_\_\_\_  
(initials)    (initials) As Authorizing Agent, I/We have read and understand the description of the cremation process contained in Section 5B on the reverse side and authorize the cremation, processing and pulverization of the remains of the Decedent. I/We further authorize the Funeral Home to deliver the Decedent's remains to the Crematory for the purpose of the cremation.

**6. FINAL DISPOSITION**

Authorizing Agent chooses the following method of final disposition (multiple selections may be made):

- \_\_\_\_\_  
(initials)    (initials)  Inurnment: \_\_\_\_\_
- \_\_\_\_\_  
(initials)    (initials)  Interment (location): \_\_\_\_\_
- \_\_\_\_\_  
(initials)    (initials)  Return to Designee (see name(s) below)
- \_\_\_\_\_  
(initials)    (initials)  US Mail: Mailing Instructions \_\_\_\_\_
- \_\_\_\_\_  
(initials)    (initials)  Other: \_\_\_\_\_

\_\_\_\_\_  
(initials)    (initials) The cremated remains will only be held by the Funeral Home for the final disposition identified above, and the Funeral Home is authorized to release the cremated remains to any person named and listed below. (Please see reverse side of this document # 6 for Funeral Home's rights when addressing unclaimed cremated remains.)

\_\_\_\_\_  
(initials)    (initials) Name (Designee): \_\_\_\_\_ Relationship: \_\_\_\_\_

\_\_\_\_\_  
(initials)    (initials) Name (Designee): \_\_\_\_\_ Relationship: \_\_\_\_\_

\_\_\_\_\_  
(initials)    (initials) Name (Designee): \_\_\_\_\_ Relationship: \_\_\_\_\_

**7. CERTIFICATION AND INDEMNIFICATION**

I/We have the right and hereby authorize the cremation of the Decedent and the disposition of the cremated remains pursuant to all State regulations and rules of the Crematory and the instructions on this form. I/We agree to release and indemnify the Funeral Home and the Crematory, their officers, directors, agents and employees, from any claim, liability, cost or expense resulting from the Funeral Home's and the Crematory's reliance on or performance consistent with the directions, declarations, representations, authorizations and agreements herein. I/We release the Funeral Home and Crematory from liability for the cremated remains upon delivery to a reputable common carrier. I/We agree that the Funeral Home's and Crematory's liability for future negligent acts (of itself or its agents or employees) is limited to a refund of the cremation fees paid to the Funeral Home and/or Crematory by me/us. I/We warrant that all representations and statements contained in this form are true and correct. These statements are being relied upon by the Funeral Home and Crematory. I/We have read and understood all pages of this document.

This authorization for cremation and disposition was executed on \_\_\_\_\_ or at \_\_\_\_\_

Signature of Authorizing Agent: \_\_\_\_\_ Signature: \_\_\_\_\_

Signature of Authorizing Agent: \_\_\_\_\_ Signature: \_\_\_\_\_

Signature of Authorizing Agent: \_\_\_\_\_ Signature: \_\_\_\_\_

Signature of Authorizing Agent: \_\_\_\_\_ Signature: \_\_\_\_\_

Witness\*: \_\_\_\_\_

\*If a Funeral Director witnesses the execution of this Authorization, the Funeral Director verifies the accuracy of the identity of the Decedent based on Authorizing Agent's representations and further states a Burial Permit or Transit Permit authorizing the cremation of the Decedent's remains shall be obtained.

**8. 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 in Section 1 hereof and that the Funeral Home, based upon the representations of the Authorizing Agent in Section 4 hereof, has taken reasonable precautions to ensure the removal of any Device listed in Section 1.B. from the Decedent or to render such Device non-hazardous. The Funeral Home also certifies that any items listed in Section 1.C. hereof have been removed from the remains of the Decedent for the purpose of delivery to the Authorizing Agent.

FUNERAL HOME REPRESENTATIVE

Date: \_\_\_\_\_

By: \_\_\_\_\_

## **1B. PACEMAKERS, IMPLANTS, AND PROSTHESES**

Pacemakers, radioactive, silicon or other implants, mechanical devices or prostheses may create a hazardous condition when placed in the cremation chamber and subjected to heat. As Authorizing Agent, I have listed in Section 1B on the reverse side all devices (including mechanical, prosthetic, implants, or materials), which may have been implanted in or attached to the Decedent.

## **3A. CASKET OR ALTERNATIVE CONTAINER**

The remains are to be cremated in a combustible casket or alternative container that is capable of being completely closed, is resistant to leakage or spillage, is sufficiently rigid to be handled easily, and provides protection for the health and safety of Crematory and Funeral Home personnel. The Crematory is authorized to inspect the casket or alternative container, including opening it if necessary. In the event that the casket or container does not meet the above requirements, the Crematory will notify the Authorizing Agent. Many caskets that are comprised primarily of combustible material also contain some exterior parts (decorative handles or rails) that are not combustible and that may cause damage to the cremation equipment. As Authorizing Agent, I authorize the Crematory, in its discretion, to remove and discard the non-combustible materials. I understand that some crematories will not accept metal or fiberglass caskets. I further understand that the casket or alternative container will be consumed as part of the cremation process.

## **3B. URN OR TEMPORARY CONTAINER**

After the cremated remains have been processed, they will be placed in the urn listed on reverse side or, if an urn is not provided to the Crematory, in a temporary container purchased by the Authorizing Agent. The Authorizing Agent acknowledges that it is impossible to recover all of the dust and residue from the cremation and processing. However, 100% of the cremated remains recovered from the cremation chamber and processing equipment shall be prepared for disposition in the manner directed per the written instructions of the Authorizing Agent.

In the case of an adult, it is recommended that the urn or temporary container be a minimum size of 200 cubic inches. In the event the urn or temporary container is insufficient to accommodate all of the cremated remains, the excess will be placed by the Crematory in a secondary container. This secondary container will be kept with the urn or the temporary container and handled according to the final disposition instruction set forth in Section 6; provided, however, that the secondary container may not be designed for shipping. All urns or containers provided to the Funeral Home or Crematory must be appropriate for shipping. The Authorizing Agent directs the Crematory to use the specified urn or container listed in Section 3B on the reverse side.

## **4. MULTIPLE CREMATION WAC 308 47 040**

Under WASHINGTON law, the remains of more than one decedent may not be simultaneously cremated in the same cremation chamber unless there is a specific request by the Authorizing Agent instructing to the contrary for extenuating circumstances such as but not limited to: the simultaneous death of a parent and child, the decedents to be cremated were related. Unless authorized on the reverse side, the Decedent's remains shall be individually cremated. The crematory shall reserve the right to agree or decline a special request by an Authorizing Agent. It is the Policy of this Funeral Home and Crematory to not allow multiple cremations.

## **4A. OBSERVATION**

Observation or witnessing a cremation can be an emotional experience. Witnesses are assuming the risks involved and fully release the Funeral Home and Crematory from any liability. To the extent permitted by the Crematory, the persons listed on the reverse side are authorized to be present at various portions of the cremation process which may include: prior to and during the cremation of the Decedent's remains and during the removal of the cremated remains from the cremation chamber. Witnessing of any aspect of the cremation and processing procedure shall be in compliance with all applicable law and any safety regulations. If you desire witnesses, you must initial Section 4A on the reverse side, list the witnesses' names, and all witnesses must sign an additional Cremation Witness Acknowledgment.

## **4C. TIME WAC 308 47 (010-070)**

Under WASHINGTON law, No operator of a crematory facility shall cremate until a complete burial transit permit is provided, and if cremation does not occur within twenty-four hours of death, the Crematory or Funeral home may refrigerate until time of the cremation.

## **5A. IDENTIFICATION OF AUTHORIZING AGENT**

\*The Authorizing Agent represents that the relationship between the Authorizing Agent and the Decedent is as follows: (RCW 68.50.160)

- 1) Prepaid prearrangement as set forth in (RCW 68.50.160)
- 2) Person designated by US Department DD Form 93
- 3) The designated Agent of the decedent as directed through a written document signed and dated by the decedent in the presence of a witness
- 4) Surviving spouse or state registered domestic partner
- 5) Surviving adult children
- 6) Surviving parents
- 7) Surviving siblings
- 8) A court-appointed guardian for the person at the time of the person's death

\*While State requirements may set forth certain classes of authorized individuals and/or certain number of required representatives, the Funeral Home and crematory reserve the right to require all individuals in a class of representatives and/or further proof of the right of authorization as deemed necessary.

## **5B. THE CREMATION PROCESS**

The cremation of the Decedent's remains may take place before or after ceremonies to memorialize the Decedent. Cremation is performed to prepare the remains of the Decedent for final disposition. It is carried out by placing the Decedent's remains in the casket or alternative container, which is then placed into a cremation chamber or retort where they are subjected to intense heat and flame. All cremations are performed individually unless noted otherwise in this Section. During the cremation process, it may be necessary to open the cremation chamber and reposition the remains of the Decedent in order to facilitate a complete and thorough cremation. Through the use of suitable fuel, the incineration of the container and its contents is accomplished and all substances are consumed or driven off, except bone fragments (calcium compounds) and metal (including other non-human materials) as the temperature is not sufficient to consume them.

Due to the nature of the cremation process, any personal possessions or valuable materials (as well as any body prostheses or dental bridgework) that are left with the remains and not removed from the casket or container prior to cremation may be destroyed or if not destroyed, will be disposed of by the Crematory. The Authorizing Agent understands that arrangements must be made with the Funeral Home to remove any such possessions or valuables prior to the time that the remains of the Decedent are transported to the Crematory.

Following a cooling period, the cremated remains, which will normally weigh several pounds in the case of an average-size adult, shall be recovered by manual means, such as brushing, and industry-specific mechanical means, such as vacuuming, in order to retrieve the cremated remains from the cremation chamber. Although the Crematory will take reasonable efforts to remove all of the cremated remains from the cremation chamber, some dust and other residue from the process will be left behind. In addition, while every effort will be made to avoid commingling, inadvertent and incidental commingling of minute particles of cremated remains from the residues of previous cremations is possible. The Authorizing Agent understands and accepts this fact.

After the cremated remains are removed from the cremation chamber, all non-combustible material (insofar as possible) such as hinges, latches, and nails from the container will be separated and removed from the human bone fragments by visible or magnetic selection. Other non-bone fragment foreign material that was part of the deceased prior to cremation and recovered with the cremated remains, such as an internal prosthesis, shall be removed prior to processing so that only human bone fragments will remain. Non-bone fragment foreign material may be commingled with other like material and shall be disposed of as biohazard material in accordance with all applicable laws. The Crematory is authorized to dispose of these materials with similar materials from other cremations in a non-recoverable manner.

When the cremated remains are removed from the cremation chamber, these remains often will contain recognizable bone fragments. Unless otherwise specified, after the bone fragments have been separated from the other material, they will be mechanically processed, pulverized to fragments of less than five millimeters in diameter. The process of crushing or grinding may cause incidental commingling of the remains with the residue from the processing of previously cremated remains. These granulated particles of unidentifiable dimensions, which are virtually unrecognizable as human remains, will then be placed into a designated container.

## **6. FINAL DISPOSITION (WAC 308 47 070)**

Following the cremation, the Authorizing Agent directs the Crematory and/or Funeral Home to undertake the actions set forth on the reverse side to arrange the final disposition of the cremated remains of the Decedent. Cremated remains shall only be released, delivered, mailed or disposed of by the Funeral Home and/or Crematory in a dignified manner, in accordance with the law, and with express written consent of the Authorizing Agent. If the cremated remains are shipped at any time, the Authorizing Agent directs that the Crematory and/or Funeral Home utilize registered U.S. mail with a return receipt or a shipping service that uses an internal system for tracking the location of the cremated remains during shipment and requires a signed receipt of the person taking delivery of the cremated remains.

If no arrangements for the final disposition of the cremated remains have been made within 90 days after the cremation and if the Authorizing Agent has not taken delivery of or caused the delivery of the cremated remains, or in the event the arrangements of the final disposition have not been carried out within the 90 day period because of the inaction of a party other than the Funeral Home and/or Crematory, then the Funeral Home and/or Crematory may dispose of the cremated remains in a grave, crypt or niche. The Authorizing Agent shall be liable for the cost of such final disposition in a grave, crypt or niche and shall reimburse the Funeral Home immediately upon such time that the Authorizing Agent requests the return of the cremated remains.