



AUTHORIZATION FOR CREMATION AND DISPOSITION

Notice: This is a legal document. It contains important provisions concerning cremation. Cremation is irreversible and final. Read this document carefully before signing.

The undersigned authorizes delivery to Douglas Trade Service & Crematory in accordance with and subject to its Rules and Regulations, as well as those of the State of Nebraska, to cremate the human remains of:

Name of Deceased: _____ Age: _____ Sex: _____
Place of Death: _____ County: _____ State: _____
Date of Death: _____ Time of Death: _____
Funeral Home in Charge: _____
Name of Funeral Director in Charge: _____

Notice

Mechanical or radioactive devices implanted in the remains of the Deceased (such as pacemakers, etc.) may create a hazard when placed in the cremation chamber. The Crematory will not cremate any human remains which contain any type of implanted mechanical or radioactive device. In the event such remains of the Deceased contain such a device, I/we hereby authorize the Funeral Home, its agents and employees, to remove any such mechanical devices from the remains of the Deceased prior to cremation, and dispose of such items at its discretion. I/WE HEREBY CERTIFY THAT THE REMAINS OF THE DECEASED ___DO ___DO NOT CONTAIN ANY TYPE OF IMPLANTED MECHANICAL OR RADIOACTIVE DEVICE. (check one)

Description of Implanted Device: _____

Disposition of Cremated Remains

- Deliver Cremated Remains to: _____
 - Release to family: (Name of Family Member) _____
 - Release to Funeral Home: _____
 - Ship Cremated Remains to:
Name: _____ Address: _____
 - Other: _____
- Special Instruction: _____

I, _____ ("authorizing agent"), hereby certify that I am related to the deceased as _____, that I have the lawful right to authorize this cremation authorization and the disposition of the cremated human remains above named, that any personal possession has either been removed or may be destroyed. As the authorizing agent, I have the authority to order this delivery and cremation to Douglas Trade Service & Crematory, and no other individual has superior authority. I have made all possible and reasonable efforts to contact all individuals with superior authority and such individuals do not object to this cremation process. I further agree that I will indemnify and hold harmless, the crematory, funeral home, funeral director and/or agent(s), above named from any claims to the contrary. I/we have viewed and identified the above mentioned decedent prior to cremation. Cremated human remains will be sent to authorizing agent/funeral home in charge if not delivered to cemetery/family within 60 days. I have read and understand the disclosure on the cremation process.

Authorizing Agent (sign): _____
Address: _____ Telephone: _____
Date: _____ Time: _____
Witness (sign): _____
Funeral Director (sign): _____ Date: _____

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