



146 Chandler Ave. | Johnstown, PA 15906 | phone 814.536.1770 | toll-free 877.549.7514 | fax 814.532.5383 | William T. Hindman, Supervisor  
www.hindmanfuneralhomes.com

Branch: 1521 Frankstown Road | Johnstown, PA 15902 | phone 814.535.4018 | William T. Hindman III, Supervisor

**CREMATION AUTHORIZATION AND DISPOSITION**

I, (We) the undersigned (the "Authorizing Agent(s)") authorize Hindman Funeral Homes & Crematory, Inc., in accordance with and subject to the rules and regulations of the Commonwealth of Pennsylvania, to cremate the human remains of (decedent) \_\_\_\_\_ 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:

Self	Yes	No	These arrangements are being made PRENEED
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 Hindman Funeral Homes & Crematory, Inc. for cremation. Hereafter such crematory will be referred to as The Crematory.

Initial \_\_\_\_\_

Date of Death \_\_\_\_\_ Place of Death \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

Was the death caused by an infectious, contagious, or communicable disease? Yes No

**PRENEED CREMATION ARRANGEMENTS**

Did the decedent arrange for his or her own cremation on a preneed basis?	Yes	No
Did the decedent leave a will with written instructions to be cremated?	Yes	No
Did the decedent execute a preneed cremation contract?	Yes	No
Are you authorizing your own cremation, preneed, with this form?	Yes	No
Did the decedent arrange for final disposition of the cremated remains?	Yes	No

If yes, please describe \_\_\_\_\_

**TIME OF CREMATION**

The Crematory is authorized to perform the creation upon receipt of the human remains, at it's discretion, and according to its own time schedule, as work permits, without obtaining any further authorization or instructions. Yes No

If No, please complete the following:

Cremation shall take place on \_\_\_\_\_ (day) \_\_\_\_\_ (date), at \_\_\_\_\_ (time).

Initial \_\_\_\_\_

**PACEMAKERS, PROSTHESES, SILICON, AND RADIOACTIVE IMPLANTS**

NOTICE: Heart pacemakers, prosthesis, silicon and 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 and completely read this document consisting the following certification.

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

Did the decedent's remains contain a silicon implant? Yes No

Did the decedent's remains contain a pacemaker? Yes No

Did the decedent's remains contain a radioactive implant? Yes No

If you answered yes to any of the above three questions, 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 \_\_\_\_\_

I certify that I (we) have made such inquiry as is necessary to determine whether or not the remains of the deceased contains any of the above specified implant devices and certify that it does not. It is my understanding that the crematory will not accept the body for cremation if it contains these devices, and that the Crematory will rely solely on this certification in accepting the remains for cremation.

Initial \_\_\_\_\_

**WITNESSING**

It is the Crematory's policy not to allow anyone to witness the cremation unless the religious practices of the family require it.

**MERCHANDISE**

Type of casket or container selected \_\_\_\_\_

Size and type of urn or container selected \_\_\_\_\_

**FINAL DISPOSITION**

Release 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 Crematory and the funeral director for any and all claims related to said shipment.

**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 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 Hindman Funeral Homes & Crematory, Inc., 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: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Witness: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Funeral Director Signature: \_\_\_\_\_ License No. \_\_\_\_\_

Name & Address of Funeral Home: \_\_\_\_\_

\_\_\_\_\_