

Authorization for Cremation and Disposition
ADDENDUM

Name of Deceased:

Client #:

The undersigned hereby authorize Anderson-McQueen Funeral Homes to amend the terms of the original Authorization for Cremation and Disposition dated _____.

Check and Initial All Appropriate Boxes Below:

I/We hereby amend the section entitled "Witness of Cremation Process" to:

_____ ☐ The undersigned has elected not to witness the initiation of the cremation process and grants the crematory permission to proceed with the cremation process, at their earliest convenience, upon receipt of all approvals. The undersigned further acknowledges that any changes with respect to this option **must be presented in writing** prior to the cremation process.

_____ ☐ The undersigned requests to witness the initiation of the cremation process at the crematory on the day and time noted: **Day / Time** _____. The undersigned further acknowledges that any changes with respect to this option **must be presented in writing** prior to the cremation process and may result in a delay in scheduling the cremation process.

I/We hereby amend the section entitled "Explanation of Cremation Process – Cremation Process Selected" to:

_____ ☐ The undersigned has elected to change the Cremation Process Selected from Flame Cremation which uses intense heat and flame reaching temperatures of approximately 1600 to 1800 degrees Fahrenheit to Flameless Cremation which uses pressure, water and chemical reaching temperatures of approximately 350 degrees Fahrenheit and authorizes the Funeral Home to permit the crematory to change the cremation container from a combustible container to a consumable container. The undersigned further acknowledges that this change can only be made provided the deceased does not meet any of the criteria (such as age or weight) which would prohibit the use of Flameless Cremation, in which case the undersigned authorizes the Crematory to use the original choice of Flame Cremation.

_____ ☐ The undersigned has elected to change the Cremation Process Selected from Flameless Cremation which uses pressure, water and chemical reaching temperatures of approximately 350 degrees Fahrenheit to Flame Cremation which uses intense heat and flame reaching temperatures of approximately 1600 to 1800 degrees Fahrenheit. The undersigned also authorizes the Funeral Home to permit the crematory to change the cremation container from a consumable container to a combustible container.

I/We hereby amend the section entitled "Cremation Container" to:

_____ ☐ The undersigned has elected to change the cremation containers from those listed on the original Authorization for Cremation and Disposition and acknowledge that this decision may result in additional charges incurred in addition to those originally listed on our Statement of Goods and Services Selected and may result in a delay of the cremation process.

Cremation Container / Casket: _____ **Urn /Container:** _____

I/We hereby amend our choice for "Additional Services" to:

_____ ☐ Acceptance – LifeGem/Memory Glass/Other - The undersigned authorizes Crematory to take retain a portion of the cremated human remains to be used for the creation of a LifeGem memorial diamond, Memory Glass / Glass Remembrance or other keepsake memorial product manufactured using or containing cremated remains. *Additional Fees will apply.*

_____ ☐ Declination – LifeGem/Memory Glass/Other - The undersigned hereby requests that the crematory NOT retain a portion of the cremated human remains to be used for the creation of a LifeGem memorial diamond, Memory Glass / Glass Remembrance or other keepsake memorial product manufactured using or containing cremated remains. The Funeral Home agrees to credit/adjust the funeral statement for any fees incurred, provided the retrieval has not been previously performed or the manufacturing process of said product is already begun.

**Authorization for Cremation and Disposition
ADDENDUM**

Name of Deceased: _____

Client #: _____

I/We hereby amend the section entitled "Disposition of Cremated Remains" to:

_____ ☐ In addition to those individuals listed on the original Authorization for Cremation and Disposition, the Undersigned also authorize the Funeral Home to release to the following individuals:

(1) _____ (2) _____
(3) _____ (4) _____

_____ ☐ Deliver by U.S. Postal Service (Express Mail) to: _____

Following proper delivery of the Decedent's remains to Post Office, Undersigned releases the Funeral Home and the Crematory from any further responsibility or liability for delivery to the ultimate destination.

_____ ☐ Deliver to the following local cemetery for placement in selected grave/niche: _____

_____ ☐ Scatter in the Gulf of Mexico by Crematory at its convenience (cremated remains are non-recoverable). The undersigned has chosen (_____) individual scattering (_____) communal scattering. The undersigned acknowledges that they have read the explanation below regarding the difference between a communal scattering or individual scattering and are permitting the Funeral Home to proceed accordingly.

INDIVIDUAL SCATTERING The undersigned has elected to purchase or provide an urn or other container (the "Container") for holding, transferring and disposing of the cremated human remains of the Decedent. The Funeral Home may, in its sole discretion, determine if the Container is suitable for either permanent placement or is biodegradable and may be placed directly into the Gulf of Mexico. If the Funeral Home determines, in its sole discretion, that the Container is not suitable for placement in the water, then said cremated remains will be scattered in the water and the Container will be disposed of by the Funeral Home.

Initials: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____

COMMUNAL SCATTERING The undersigned has elected not to purchase or provide an urn or other container for holding, transferring and disposing of the cremated human remains of the Decedent. **It is therefore acknowledged and agreed that upon completion of the cremation process, the Decedent's cremated human remains will be co-mingled with other cremated human remains in a common container and will be scattered together in the Gulf of Mexico in a non-recoverable fashion at the crematory's convenience. The Funeral Home must be notified in writing by the undersigned of any changes in their decision regarding the use of the communal scattering option PRIOR to the cremation process as once the process is complete and the cremated remains are co-mingled in the common container they are non-recoverable.**

Initials: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____

_____ ☐ Special Instructions: _____

The undersigned acknowledges and agrees that the instructions provided in this Authorization for Cremation and Disposition Addendum in no way changes, modifies, or deletes any of the additional terms and conditions of the original Cremation Authorization other than the changes outlined on this form. By execution of this form below and initials where appropriate, Undersigned warrant that all representations and statements contained in this form are true and correct, and that the statements are being relied upon by the Crematory. Undersigned agree to indemnify and hold the Crematory harmless from any claim, liability, cost or expense resulting from its reliance on or performance consistent with such directions, representations, authorizations and agreements.

SIGNATURE*

PRINTED NAME

IDENTIFICATION PROVIDED

1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

***This document may be executed in counterparts, each of which shall be deemed an original. Each party may executed a facsimile counterpart signature page to be followed by an original signature counterpart. Each such facsimile counterpart shall constitute a valid and binding obligation of the signing party. If the authorizing agent does not personally appear before a Crematory agent, Notarization is required.**

State of _____ County of _____ Date _____

Before me, a Notary Public in and for said County and State, personally appeared _____, _____ who executed this document and was known by me personally or presented me a copy of his/her driver's license (copy attached) or the following proof of identification (copy attached).

Notary Public – My Commission Expires: _____

SEAL / STAMP

Crematory Representative: _____ Date: _____

CREMATION AUTHORIZATION

Undersigned have requested of and contracted with **ANDERSON-MCQUEEN COMPANY d/b/a Anderson-McQueen Funeral & Cremation Centers and the Cremation Tribute Center** (the "Crematory") to cremate and dispose of the human remains of:

_____ (the "Decedent") who died at _____ on _____, hour _____ in accordance with and subject to the Crematory's regulations and Florida law.

Legally Authorized Persons

Undersigned understand that Florida law requires the Crematory to receive written authorization for cremation from a legally authorized person and certify that they qualify as such in the manner noted below. Furthermore, they represent that the Decedent did not give directions that his or her human remains **NOT** be cremated, nor are they aware of any objections to the cremation of the Decedent's human remains by others in the same class of person listed below as the undersigned or of any person in a higher priority class.

Check & Initial Applicable Box:

- _____ ☐ Undersigned is making this authorization for himself or herself.
- _____ ☐ Undersigned is the **surviving spouse** of the Decedent.
- _____ ☐ Undersigned are the **surviving children** (total # _____) of the Decedent who are 18 years of age or older with there being no surviving spouse.
- _____ ☐ Undersigned are the **surviving parents** (total # _____) of the Decedent with there being no surviving spouse or children.
- _____ ☐ Undersigned are the **surviving brothers and sisters** (total # _____) of the Decedent who are 18 years of age or older with there being no surviving spouse, children or parents.
- _____ ☐ Undersigned are the **surviving grandchildren** (total # _____) of the Decedent who are 18 years of age or older with there being no spouse, children, parents or siblings.
- _____ ☐ Undersigned are the **surviving grandparents** (total # _____) of the Decedent with there being no surviving spouse, children, parents, siblings or grandchildren.
- _____ ☐ Undersigned are the **surviving next of kin of closest degree** to the Decedent as _____ with there being no surviving spouse, children, parents, siblings, grandchildren or grandparents.
- _____ ☐ Undersigned is the **guardian** of the Decedent at the time of death and can serve as the legally authorized person since either no family exists or is available (attached is a copy of the court appointment).
- _____ ☐ Undersigned is the **nominated personal representative** of the Decedent's estate and can serve as the legally authorized person since either no family exists or is available (attached is a copy of such Will).
- _____ ☐ Undersigned is the **attorney-in-fact or health care surrogate** of the Decedent at the time of death and can serve as the legally authorized person since either no family exists or is available (attached is a copy of such document).
- _____ ☐ There are no surviving persons listed above and I am a **friend or other person willing** to assume the responsibility as the authorized person.

Witness of Cremation Process

Check & Initial Appropriate Box:

- _____ ☐ The undersigned has elected **NOT** to witness the initiation of the cremation process and grants the crematory permission to proceed with the cremation process, at their earliest convenience, upon receipt of all approvals. The undersigned further acknowledges that any changes with respect to this option must be presented in writing prior to the cremation process.
- _____ ☐ The undersigned requests to witness the initiation of the cremation process at the Cremation Tribute Center – 7820-38th Avenue North, St. Petersburg, on the day and time noted: **Day/Date/Time:** _____
The Undersigned agrees to indemnify and hold harmless the Crematory from any claims or causes of action including, but not limited to, claims for emotional distress, arising or related in any respect to the presence of those individuals present during the cremation of the Decedent's remains. In the case of those individuals present who are minors, the Undersigned represents and warrants their parents or legal representatives have agreed to indemnify and hold the Funeral Home harmless from any claims or causes of action, including the claim of emotional distress, that may result from the presence of such minor at the cremation of the Decedent's remains. The undersigned further acknowledges that any changes with respect to this option must be presented in writing prior to the cremation process and may result in a delay in scheduling the cremation process.

FOR OFFICE USE ONLY: _____

Implanted Devices

Mechanical devices, implants, prosthesis and certain nuclear medicine residues in the Decedent may create a hazardous condition when subject to intense heat. The Crematory may not cremate human remains which contain certain implants or if the Decedent was previously treated with Strontium-89 through the application of intense heat and flame. The Crematory may cremate human remains containing such items as previously listed through a thermal means known as Bio-Cremation (aka Flameless Cremation). The Undersigned authorize the Crematory to remove and dispose of (in a non-recoverable manner) any pacemakers, defibrillators or other implanted items listed below prior to cremation by intense heat and flame or after the cremation process when thermal means are used. Any other devices implanted or attached to the Decedent which Undersigned desires back must be removed prior to the cremation processed by Undersigned or their designated agent at their expense as Crematory is unable to do so.

_____ ☐ Implanted Device(s): _____

CREMATION AUTHORIZATION

NAME OF DECEASED: _____

Explanation of Cremation Process

Florida law defines cremation as any mechanical or thermal process whereby a dead human body is reduced to ashes and bone fragments. Cremation also includes any other mechanical or thermal process whereby human remains are pulverized, burned, re-cremated or otherwise further reduced in size or quantity. Florida law also requires that three conditions be met before a cremation can take place: (1) 48 hours has expired from the time of death, (2) Legally authorized person has given written permission, and (3) Medical Examiner's office has approved the cremation. Once these conditions have been met, the Crematory will perform the cremation as soon as scheduling permits, using the method of cremation selected below by the authorized person, but no later than three (3) business days from such date. The actual process by which the Crematory will handle the cremation process will be determined based on the type of cremation process selected.

Cremation Process Selected

☐ **Flame Cremation Process:** The Crematory will place the casket or container encasing the Decedent's human remains individually into the cremation chamber where it will be subject to intense heat and flame reaching temperatures of approximately 1600 to 1800 degrees Fahrenheit. After a typical time period of 1 to 3 hours, all substances are consumed except bone fragments (calcium compounds) and metal (such as hinges, latches, dental implants, prosthesis, etc), as the temperature is not sufficiently high enough to consume them. Accordingly, any such items which are left with the Decedent and not removed from the casket or container will be destroyed or will otherwise not be recoverable. Following an appropriate cooling period, the cremated remains are swept or raked from the cremation chamber. The Crematory takes all reasonable steps and uses its best efforts to remove all of the cremated remains, but it is impossible as some dust and other residue is always left behind. Due to this fact, inadvertent or incidental commingling of minute particles of cremated remains from the residue of a previous cremation is a possibility during the cremation process or the processing stage (as described below) and the Undersigned understands and accepts this fact. Following retrieval of the cremated remains from the cremation chamber, all non-combustible materials that were not removed prior to the cremation process will be separated and removed from bone fragments by visible or magnetic selection. The Undersigned expressly authorizes the Crematory to send such non-combustible materials to a qualified company where some of those materials may be recycled and the remainder disposed of in a non-recoverable manner. Typically, this non-combustible material is disposed of as waste. However, in the case of certain metals that may be found in the implanted devices and dental appliances, such as titanium, gold, silver, platinum or palladium, third party companies will recycle these types of metals that are recovered after cremation. With the expressed permission of the Undersigned, these metals will be sent to a recycling company. The Undersigned understands that the Crematory is compensated by the recycling company for retrieving the metal and shipping it to the recycling company. All such compensation paid to the Crematory shall be donated to a charitable organization of the Crematory's choice. The bone fragments are then mechanically processed or pulverized into uniform particles to permit placement in the selected urn container for disposition as indicated. The undersigned understands and acknowledges that the capacity of the Urn Container that they have selected may be insufficient to hold all of the cremated remains of the Decedent following this Flame Cremation Process. The Undersigned further understands and acknowledges that any excess remains of the Decedent that are not placed in the Urn Container selected due to the lack of volume capacity will be placed in a separate temporary and delivered with the selected Urn Container to the designated recipients as set forth in the "Disposition of Cremated Remains" section below.

Initials: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____

☐ **Flameless Cremation Process:** The Crematory will place the Decedent's human remains, following its encasement in a protein-based body pouch, individually into a stainless steel cremation chamber where it will be subject to pressure, water and chemical reaching temperatures of approximately 350-degrees Fahrenheit. After a typical time period of 2 to 3 hours, all substances are consumed except bone fragments (calcium compounds) and metal (such as dental implants, prosthesis, etc), as this flameless cremation process hydrolyzes protein based material. The now sterile effluent (which contains no DNA or other identifiable human organic matter) will be dispersed into the waste water treatment system in accordance with municipal guidelines. Accordingly, any such items that are left with the Decedent and not removed from the body pouch will be destroyed or will otherwise not be recoverable. Following an appropriate cooling period, the cremated remains are swept, raked or otherwise retrieved from the cremation chamber. The Crematory takes all reasonable steps and uses its best efforts to remove all of the cremated remains, but it is impossible as some dust and other residue is always left behind. Due to this fact, inadvertent or incidental commingling of minute particles of cremated remains from the residue of a previous cremation is a possibility during the cremation process or the processing stage (as described below) and the Undersigned understands and accepts this fact. Following retrieval of the cremated remains from the cremation chamber, all non-combustible materials that were not removed prior to the cremation process will be separated and removed from bone fragments by visible or magnetic selection. The Undersigned expressly authorizes the Crematory to send such non-combustible materials to a qualified company where some of those materials may be recycled and the remainder disposed of in a non-recoverable manner. Typically, this non-combustible material is disposed of as waste. However, in the case of certain metals that may be found in the implanted devices and dental appliances, such as titanium, gold, silver, platinum or palladium, third party companies will recycle these types of metals that are recovered after cremation. With the expressed permission of the Undersigned, these metals will be sent to a recycling company. The Undersigned understands that the Crematory is compensated by the recycling company for retrieving the metal and shipping it to the recycling company. All such compensation paid to the Crematory shall be donated to a charitable organization of the Crematory's choice. The bone fragments are cooled and dried, then mechanically processed or pulverized into uniform particles to permit placement in the selected urn container for disposition as indicated. The undersigned understands and acknowledges that the capacity of the Urn Container that they have selected may be insufficient to hold all of the cremated remains of the Decedent following this Flameless Cremation Process. The Undersigned further understands and acknowledges that any excess remains of the Decedent that are not placed in the Urn Container selected due to the lack of volume capacity will be placed in a separate temporary and delivered with the selected Urn Container to the designated recipients as set forth in the "Disposition of Cremated Remains" section below.

Initials: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____

NAME OF DECEASED: _____

Cremation Container/Casket: _____

Page 3 of 5

CREMATION AUTHORIZATION

NAME OF DECEASED: _____

By execution of this form below and initials where appropriate, Undersigned warrant that all representations and statements contained in this form are true and correct, and that the statements are being relied upon by the Crematory. Undersigned agree to indemnify and hold the Crematory harmless from any claim, liability, cost or expense resulting from its reliance on or performance consistent with such directions, representations, authorizations and agreements. This Cremation Authorization is the entire agreement and understanding among the parties with respect to the cremation of the Decedent. This Cremation Authorization may be modified or amended only by a written instrument executed by all parties.

SIGNATURE*

PRINT NAME

RELATIONSHIP

1. _____

ADDRESS: _____ TELEPHONE: _____

IDENTIFICATION PRODUCED: _____

2. _____

ADDRESS: _____ TELEPHONE: _____

IDENTIFICATION PRODUCED: _____

3. _____

ADDRESS: _____ TELEPHONE: _____

IDENTIFICATION PRODUCED: _____

4. _____

ADDRESS: _____ TELEPHONE: _____

IDENTIFICATION PRODUCED: _____

5. _____

ADDRESS: _____ TELEPHONE: _____

IDENTIFICATION PRODUCED: _____

* This document may be executed counterparts, each of which shall be deemed an original. Each party may execute a facsimile counterpart signature page to be followed by an original counterpart. Each such facsimile counterpart shall constitute a valid and binding obligation of the signing party. If the authorizing agent does not personally appear before a Crematory agent, Notarization is required.

STATE OF _____ COUNTY OF _____ DATE _____
Before me, a Notary Public in and for said County and State, personally appeared _____ who executed this document and was known by me personally or presented a copy of his/her driver's license (copy attached) or the following proof of identification (copy attached) _____.

NOTARY PUBLIC

My Commission Expires: _____

SEAL/STAMP

CREMATION AUTHORIZATION

NAME OF DECEASED: _____

CREMATORY REPRESENTATIVE: _____ DATE: _____
Anderson-McQueen Funeral & Cremation Centers

Receipt of Cremated Remains

The undersigned acknowledges receipt of the Decedent's cremated remains in the Urn Container (or multiple Urn Containers) as set forth in the above subsection entitled "Cremation Containers" along with the Certificate of Cremation.

Signature Date Identification Presented Crematory Witness

THIS FORM MUST BE SIGNED IN THE PRESENCE OF A FUNERAL HOME / CREMATORY STAFF MEMBER OR IN THE PRESENCE OF A NOTARY PUBLIC.

YOU MAY SEND A COPY OF THIS FORM VIA RETURN FACSIMILE TO (727) 822-3362.

THE ORIGINAL SIGNED AND NOTARIZED COPY NEEDS TO BE RETURNED TO OUR OFFICE VIA U.S. POSTAL SERVICE OR OTHER OVERNIGHT DELIVERY SERVICE TO: **ANDERSON-MCQUEEN FUNERAL HOMES
2201-DR. M.L. KING STREET NORTH
ST. PETERSBURG, FLORIDA 33704**

IF YOU HAVE ANY QUESTIONS REGARDING THIS 5 PAGE FORM, PLEASE CALL (727) 822-2059 DURING THE FOLLOWING BUSINESS HOURS: **MONDAY-FRIDAY 8AM-5PM; SATURDAY 8AM-5PM; SUNDAY 9AM-3PM**

(This section was left blank intentionally.)

AUTHORIZATION FOR VIEWING OF NON-EMBALMED OR NON-RESTORED HUMAN BODY

NAME OF DECEDENT: _____ CLIENT NUMBER: _____

FUNERAL HOME: _____ DATE OF DEATH: _____

The Undersigned have requested to view the human body of the above named decedent ("Decedent") without embalming or any restorative work ("Identification Viewing" or "Family Goodbye"). The Undersigned has authorized the funeral home named above ("Funeral Home") to perform only alternate care that includes setting of Decedent's features (such as closing Decedent's eyes and mouth through use of mechanical or other means as deemed necessary by Funeral Home professional staff) as well as dressing the Decedent in a hospital gown and positioning of hands. The Undersigned understand and agree that no other restorative work or dressing of Decedent will occur without the specific direction and authorization provided by the Undersigned and that the Undersigned may incur additional charges for any such additional restorative work or dressing performed by Funeral Home.

The Undersigned acknowledge and agree that the Funeral Home has advised them that it is not in their best interest to perform an Identification Viewing or Family Goodbye if the Decedent has been autopsied, or if the Decedent has died through means of suicide or another traumatic event, unless embalming and other restorative work has been performed on Decedent. The Funeral Home has advised the Undersigned that an autopsy () has () has not been performed on the Decedent.

The Undersigned warrant and represent to the Funeral Home that the Undersigned are the persons, or the appointed agents of the persons, who by law have the paramount right to arrange and direct the disposition of the body of the Decedent and that no other persons have a superior right over the right of the Undersigned.

The Undersigned authorize and direct the Funeral Home to arrange for the Identification Viewing or Family Goodbye of the non-embalmed and non-restored body of the Decedent by the Undersigned and all individuals who are listed below, and those individuals listed on the reverse side hereof if additional space is required ("Attendees"). All Attendees have agreed to release the Funeral Home, its owners, officers, directors, employees and agents from any liability arising, either immediately or at any future time, out of or related in any way to the Identification Viewing or Family Goodbye.

Furthermore, the Attendees agree to indemnify and hold harmless the Funeral Home, its owners, officers, directors, employees and agents from any claims or causes of action, including but not limited to, claims for emotional distress, arising out of or related in any respect to the Identification Viewing or Family Goodbye of the non-embalmed and non-restored body of the Decedent. If any Attendees are minors, their parents as natural guardian, or their legal representatives, have, by listing their names on this form, agree to indemnify and hold the Funeral Home, its owners, officers, directors, employees and agents harmless from any claims or causes of action, including the claim of emotional distress, which may result, either immediately or at any future time, from the Identification Viewing or Family Goodbye of the non-embalmed and non-restored body of the Decedent by such minor.

Signed this _____ day of _____, 20 _____.

Signature*	Printed Name	Relationship
_____	_____	_____
Identification _____	_____	_____
_____	_____	_____
Identification _____	_____	_____
_____	_____	_____
Identification _____	_____	_____
_____	_____	_____
Identification _____	_____	_____
_____	_____	_____
Identification _____	_____	_____

* This document may be executed counterparts, each of which shall be deemed an original. Each party may execute a facsimile counterpart signature page to be followed by an original counterpart. Each such facsimile counterpart shall constitute a valid and binding obligation of the signing party. If the authorizing agent does not personally appear before a Funeral Home agent, Notarization is required.

AUTHORIZATION FOR VIEWING OF NON-EMBALMED OR NON-RESTORED HUMAN BODY

NAME OF DECEASED: _____

CLIENT NUMBER: _____

STATE OF _____ COUNTY OF _____

DATE _____

Before me, a Notary Public in and for said County and State, personally appeared _____
_____ who executed this document and was known by me personally or
presented a copy of his/her driver's license (copy attached) or the following proof of identification (copy attached)
_____.

NOTARY PUBLIC

My Commission Expires: _____

SEAL/STAMP

LIST OF VIEWERS

By signing your name below, or in the case of a minor as the parent or legal guardian of the minor, you agree to be legally bound by all terms and conditions as set forth on Page 1 of this form. Execution of this form is required by all parties prior to viewing of the human remains of the Decedent.

Name

Minor Child? (check if appropriate)

Signature**

_____	<input type="checkbox"/> YES	_____
_____	<input type="checkbox"/> YES	_____
_____	<input type="checkbox"/> YES	_____
_____	<input type="checkbox"/> YES	_____
_____	<input type="checkbox"/> YES	_____
_____	<input type="checkbox"/> YES	_____
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_____	<input type="checkbox"/> YES	_____
_____	<input type="checkbox"/> YES	_____
_____	<input type="checkbox"/> YES	_____
_____	<input type="checkbox"/> YES	_____

Use Additional Sheet if necessary

**** I represent that I am the parent or legal guardian of the above mentioned minor child(ren) and I have full legal authority to authorize the Funeral Home to allow the minor child(ren) to unembalmed and/or non-restored human remains of the decedent listed above. I agree to be bound by all the terms and conditions as listed on Page 1 as the parent or legal guardian of the minor child(ren).**

Funeral Home Representative as to Viewers _____

Date _____

INDEMNIFICATION AGREEMENT
FOR
NON-FUNERAL HOME URN CREMATION CONTAINER

Decedent: _____

The undersigned have elected to provide their own container (the "Provided Container") for purposes of holding the cremated human remains of the Decedent. Therefore, the undersigned acknowledge and agree to the following items.

Container Requirements

- Provided Container must have a minimum volume capacity of two hundred (200) cubic inches to accommodate the cremated adult human remains. **If the Provided Container does not have sufficient capacity to hold the entire amount of the cremated human remains, the undersigned authorize the Anderson-McQueen Funeral Homes (the "Funeral Home") to dispose of the excess cremated human remains in any non-retrievable manner as permitted by law.** Initials: _____
- Provided Container should be constructed of a permanent, durable material which will not break, crack, crumble, dissolve or shatter if (i) dropped, bumped or jostled during transfer, storage or handling, or (ii) exposed to natural elements such as heat, water or moisture and if Provided Container is not so constructed the undersigned agree to indemnify and hold the Funeral Home harmless if the Provided Container should break, crack, crumble, dissolve or shatter while in the Funeral Home's possession.
- Provided Container must have a lid or top to its opening which can be securely fastened in order to prevent spillage during transfer, storage or handling.

Timing of Cremation

Due to the Funeral Home's need to have the Provided Container available for use prior to the commencement of the cremation process, the undersigned acknowledge that the Funeral Home will not be able to schedule the cremation process for the Decedent until the Funeral Home has received possession of the Provided Container and all other requirements have been met. Initials: _____

Transfer of Provided Container

The undersigned acknowledge that the Funeral Home can return the Provided Container only to the undersigned (or other authorized representative) or deliver it to a local cemetery. If the undersigned desire for the Provided Container to be transferred out of town via the US Postal Service, the Funeral Home will return the Provided Container to the undersigned for mailing by them as the Funeral Home will not take responsibility for such transfer of the Provided Container.

Indemnification of Funeral Home

The undersigned assume all liability arising out of the use of the Provided Container and agree to indemnify and hold the Funeral Home, its officers, employees and agents harmless from any and all claims, suits or causes of action, including attorneys' fees for the defense thereof, arising out of the use of the Provided Container. Furthermore, the Funeral Home, by taking possession of the Provided Container, does not make any implicit or explicit guaranty or warranty as to the suitability of the Provided Container for its intended use or satisfaction of any cemetery regulations.

DATE: _____

Signature

Relationship

Signature

Relationship

CEREMONIAL / RENTAL CREMATION CASKET RELEASE FORM

Decedent: _____

DATE: _____

Funeral Home: _____

The undersigned elect to use a ceremonial/rental cremation casket (the “Casket”) for the purposes of holding the Decedent’s human remains during any visitation or funeral services (the “Ceremonies”). Therefore, the undersigned acknowledge and agree to the following:

- The selected Casket is a “rental casket” which means that it may have held the human remains of other individuals prior to this use and may hold other human remains again after this use. Also, due to the possibility of re-use, all bodies must be embalmed in order to use a rental casket.
- Due to the possibility of prior use, the Casket may contain minor scratches, dents, stains, as well as other blemishes on the exterior finish or interior material, due to the normal “wear and tear” or use of the Casket as a rental unit.
- Following the Ceremonies, the Decedent will be removed from the Casket and placed into a heavy, corrugated cardboard container, or other suitable cremation container selected by the undersigned, (the “Alternative Container”) and will be cremated in that Alternative Container.
- The Casket is a oversize size casket (approximate interior dimensions – 28” wide and 83” long). If the “Funeral Home” determines, in its sole discretion, that the Decedent is too large for the casket, then the undersigned acknowledge that it will be necessary to purchase another cremation container of suitable dimension.
- The Ceremonies have been scheduled with the Funeral Home based upon the availability of the Casket. Any scheduling changes with respect to the Ceremonies must be approved in advance with the Funeral Home and are subject to the availability of the Casket.
- Personalization items (i.e. Commemorative Medallions) listed below will be displayed in the casket during the ceremonies. At the conclusion of the ceremonies, the personalization items listed below will be provided to the next of kin as a keepsake.

Commemorative Medallions:

1) _____ 2) _____ 3) _____

☐ **No Medallions Desired**

Signature

Relationship

Signature

Relationship