

PETERS TOWNSHIP
3287 Washington Road
McMurray, PA 15317
(724) 260-5546
Danielle Andy Belusko, Supervisor



PITTSBURGH
5405 Steubenville Pike
Robinson Township, PA 15136
(412) 787-1800
April Somma Hoffman, Supervisor

CREMATION AUTHORIZATION AND DISPOSITION FORM

I/We, the undersigned (the "Authorizing Agent(s)") hereby authorize and request Pittsburgh Cremation & Funeral Care (the "Crematory"), in accordance with and subject to the rules and regulations of the Commonwealth of Pennsylvania, to cremate the human remains of _____ (the "Decedent") and to arrange for the final disposition of the cremated remains as stated in this Authorization.

GENERAL AUTHORIZATIONS AND REPRESENTATIONS

I/We certify that the Decedent left the following heirs at law:

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): _____

CERTIFICATION

I/We, the undersigned, hereby certify that I am (we are) the closest living next of kin of the Decedent and that I am (we are) related to the Decedent as his/her, _____ or that I/We otherwise serve (served) in the capacity of _____ to the Decedent, that I/We have charge of the remains of the Decedent and as such possess the full legal authority and power, according to the laws of Pennsylvania, to execute this authorization form and to arrange for the cremation and disposition of the cremated remains of the Decedent. In addition, I am (we are) aware of no objection to this cremation by any spouse, child, parent or sibling specified. Initials of AA _____

DECEDENT INFORMATION AND IDENTIFICATION

I/We have identified the human remains that are in the Crematory's care and have authorized the Crematory to proceed with the cremation process. Method of Identification: Photograph Family Viewing At Decedent's Residence Other: _____
Date of death _____ Place of death _____ Decedent's Age _____ Sex _____ Race _____
Initials of AA _____

SCHEDULING OF CREMATION

Upon receiving all necessary documentation, the Crematory is authorized to perform the cremation upon receipt of the human remains, at its discretion, and according to its own schedule, as work permits, without obtaining any further authorization or instructions. Initials of AA _____

PACEMAKERS AND RADIOACTIVE IMPLANTS

NOTICE: Heart pacemaker and/or 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 read this document consisting of the following certification.

Pacemaker/ Radioactive Implant Yes No
CERTIFICATION: I hereby certify that I have read and understand the above notice. Initials of AA _____
If you answered YES to the above, please initial the following: I have instructed the funeral home to remove or arrange for the removal of these devices and to properly dispose of them prior to transporting the Decedent to the Crematory. Initials of AA _____

VALUABLE MATERIAL AND PERSONAL POSSESSIONS

The undersigned acknowledge(s) that due to the nature of cremation, any personal belongings including, but not limited to bedding, clothing and shoes, and any valuable material including, but not limited to dental gold and jewelry will be not recoverable. Any personal/valuable items the family wishes to have removed prior to the cremation process, please identify below:

Initials of AA _____

FINAL DISPOSITION

After the cremation has taken place, the cremated remains will be placed in a standard black urn or such other urn as may be designated by the Authorizing Agent(s). The Crematory will hold the cremated remains for no longer than ninety (90) days from the date of cremation. In the event that the Authorizing Agent(s) (or such other persons as may be designated by this Authorization) have not collected the remains as agreed, or directed the final disposition within ninety (90) days of cremation, disposition may be made at the discretion of the Crematory, including releasing the remains to another family member of the Decedent. By signing this Authorization, the undersigned releases the Crematory from any liability for this performance and assumes responsibility for the cost of the final disposition. The undersigned understands Pittsburgh Cremation & Funeral Care will handle the cremated remains in accordance with PA law; this final disposition may include the commingling of the cremated remains with other cremated remains, and thereafter the cremated remains of the Decedent shall not be recoverable. Initials of AA _____

Release Cremated Remains to: _____ Relationship: _____

Ship Cremated Remains to: _____ Relationship: _____

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.

Initials of AA _____

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 and Pittsburgh Cremation & Funeral Care is acting solely upon my direction.

As the Authorizing Agent(s), I/We hereby agree to indemnify, defend, and hold harmless Pittsburgh Cremation & Funeral Care, its officers, agents, employees and any affiliates of and from any and all claims, demands, causes or causes of action, and suits of every kind, nature and description, in law or equity, including any legal fees, costs and expenses of litigation, arising as a result of, based upon or connected with this Authorization, including the failure to properly identify the Decedent or the human remains transmitted to Pittsburgh Cremation & Funeral Care, the processing, shipping and final disposition of the Decedent's cremated remains, the failure to take possession of or make proper arrangements for the final disposition of the cremated remains, any damage due to harmful or exposable implants, claims brought by any other person(s) claiming the right to control the disposition of the Decedent or the Decedent's cremated remains, or any other action performed by Pittsburgh Cremation & Funeral Care, its officers, agents, employees or any affiliates, pursuant to this Authorization, excepting only acts of willful negligence.

SIGNATURE OF AUTHORIZING AGENT(S)

Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Telephone: _____ Relationship to deceased: _____ Date of Signature: _____ Initials _____ Signature: _____	Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Telephone: _____ Relationship to deceased: _____ Date of Signature: _____ Initials _____ Signature: _____
Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Telephone: _____ Relationship to deceased: _____ Date of Signature: _____ Initials _____ Signature: _____	Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Telephone: _____ Relationship to deceased: _____ Date of Signature: _____ Initials _____ Signature: _____

Funeral Director: _____ License Number: _____