

I.D. VIEW or SERVICE: NO YES Date, Time & Place _____
Contract Paid in Full? YES NO (If NO, cremation is not to take place.)

CORBETT FUNERAL SERVICE
807 W. Wilshire Blvd • Oklahoma City, OK 73116

CREMATION AUTHORIZATION AND RELEASE OF LIABILITY FORM

THIS IS A LEGAL DOCUMENT CONTAINING IMPORTANT PROVISIONS CONCERNING CREMATION, WHICH IS IRREVERSIBLE AND FINAL. PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING.

AUTHORITY TO CREMATE:

INITIAL I/We, the undersigned ("Authorizing Agent(s)") certify, warrant and represent that I/We have the full legal right and authority to authorize the cremation, processing and disposition of the human remains of: _____

NAME OF DECEASED

Date of Death _____ Time of Death _____ A.M. P.M. Weight _____ Lbs.

I/We hereby request and authorize CORBETT FUNERAL SERVICE (hereinafter referred to as the "Funeral Home") to take possession of and make arrangements for the cremation of the above named Deceased individual at OKLAHOMA MORTUARY SERVICE (hereinafter referred to as the "Crematory").

FINAL DISPOSITION:

INITIAL I/We authorize the Crematory to return the cremated remains of the Deceased to the possession of the Funeral Home. I/We understand that the services and obligations of the Crematory shall be fulfilled when the cremated remains are returned to the possession and custody of the Funeral Home. I/We authorize the Funeral Home to arrange for the disposition of the cremated remains of the Deceased as follows:

Inurn: **Urn Name** _____ Deliver to: _____ Cemetery. (Additional Fee)

Release to: _____ Relationship: _____

Scatter at our discretion (Additional Fee) Scatter at _____ (If allowed by law. Additional Fee)

Ship via U.S. Registered Mail (Additional Fee) to: _____

Address: _____ City _____ State & Zip _____

MECHANICAL, RADIOACTIVE DEVICES & PERSONAL EFFECTS:

INITIAL Mechanical or radioactive devices implanted in the remains of the Deceased (such as pacemakers, etc.) may create a hazard when placed into a cremation chamber. The Crematory will not cremate any remains, which contain any type of hazardous implanted mechanical devices of which it is aware. In the event the remains do contain such a device(s), I/We hereby authorize the removal and/or appropriate disposal, INCLUDING THE RESALE of these or any other residual foreign items remaining following the cremation process.

I/We hereby certify that the remains of the Deceased DO DO NOT contain any type of implanted mechanical or radioactive device.

List of Device(s): _____ Disposition: _____

THE CREMATORY WILL NOT CREMATE JEWELRY OR OTHER NONCOMBUSTIBLE PERSONAL EFFECTS ATTACHED TO OR PLACED WITH THE BODY.

UNCLAIMED REMAINS

INITIAL In the event the cremated remains of the Deceased remain unclaimed for a period of **30 days** from the date of cremation, the Funeral Home shall then have the authority to make the lawful disposition of their choice and shall be held harmless for any action in connection with such disposition.

LIMITATION OF LIABILITY

INITIAL I/We agree to indemnify and hold harmless the FUNERAL HOME, CREMATORY, their affiliates, agents, employees and assigns from any and all loss, damages, liability or cause of action (including attorneys' fees and expense of litigation) in connection with the cremation and disposition of the cremated remains of the Deceased, as authorized herein, or My/Our failure to correctly identify the remains of the Deceased, disclose the presence of any implanted mechanical or radioactive devices, or take possession of, or make permanent arrangements for the disposition of such remains. Except as set forth in this Authorization, no warranties, expressed or implied are made by the FUNERAL HOME or CREMATORY or any of their affiliates, agents or employees.

AUTHORITY OF AUTHORIZING AGENT(S)

INITIAL I/We hereby certify that I/we are the closest living NEXT OF KIN* of the Deceased or that we have charge of the Deceased and as such possess full legal authority and power according to the laws of the state of Oklahoma, to execute this authorization form and to arrange for the cremation and disposition of the cremated remains of the Deceased.

*Oklahoma Cremation Legal Order (Oklahoma Statute 21 O.S. §1158):

1. Spouse 2. Adult Children 3. Parents 4. Adult Siblings

SIGNATURES OF PERSON(S) AUTHORIZING CREMATION & DISPOSITION

Signature _____

Signature _____

Print Name _____

Print Name _____

Address _____

Address _____

City, State, Zip _____

City, State, Zip _____

Tel No. _____

Tel No. _____

Witness _____

Print Name _____ Date _____

Cremated Remains Received by: _____ Print _____ Date _____