



NEWELL-HOERLING'S  
MORTUARY

205 West Pine Street  
Centralia, Washington 98531  
(360) 736-3317  
Fax (360) 736-4648

Date \_\_\_\_\_

### CREMATION AUTHORIZATION

I, the undersigned, hereby authorize Newell-Hoerling's Mortuary subject to its rules and regulations, as the contracting Crematory, to cremate

Birthdate \_\_\_\_\_ Deathdate \_\_\_\_\_ Place of Death \_\_\_\_\_

**AUTHORITY-** Upon my oath, and under the penalty of perjury, I hereby swear and affirm that to the best of my knowledge there is no other person having a prior right to give this authorization under RCW 68.50.160, 68.50.170, 68.50.180, and to control the remains of the above-named decedent.

**IDENTITY-** I acknowledge that cremation is an irreversible act and that positive identification has been determined under RCW 68.50.170

68.50.170 Effects of authorization. Any person signing any authorization for the interment or cremation of any remains warrants the truthfulness of any fact set forth in the authorization, the identity of the person whose remains are sought to be interred or cremated, and his authority to order interment or cremation. He is personally liable for all damage occasioned by or resulting from breach of such warranty.

**CREMATION DISCLOSURE-** It is the policy of Newell-Hoerling's Mortuary, as the contracting Crematory, that the body must be enclosed in a rigid container. All prostheses (hip joints, surgical pins, etc.) will be discarded or recycled after cremation. Gold inlays and fillings will lose their identity and will also be discarded or recycled. Any proceeds, if any, derived from recycling will be donated to a charity at the sole discretion of the crematory. Pulverizing of the cremated remains is part of the cremation process; however, some of the cremated remains may be recognizable as bone fragment. While every effort will be made to avoid commingling inadvertent or incidental commingling of minute particles of cremated remains from the residue of previous cremations is a possibility.

**PERSONAL EFFECTS-** I certify that all personal effects have been returned except the following:

**RADIATION ALERT-** I acknowledge that the body  HAS  HAS NOT received radioactive implants or radiation therapy. If the body has received therapy, cremation may need to be delayed until implants are removed or medical providers certify it is safe to proceed.

**PACEMAKER ALERT-** I acknowledge that the body  DOES  DOES NOT contain a heart pacemaker or other similar medical device which might explode or **release radiation** and cause injury or damage to personnel or equipment. In the event that the body does contain such a device, authorization is hereby given for its removal and disposal prior to cremation.

**SHIPPING-** If cremated remains are to be shipped, they must be sent by Registered Mail. Newell-Hoerling's Mortuary is not responsible for any loss or delay of cremated remains by the U.S. Postal Service.

**I HEREBY CERTIFY THAT I HAVE READ AND UNDERSTAND THE ABOVE, AND AGREE** to indemnify and hold Newell-Hoerling's Mortuary, officers and employees harmless from any liability, cost and expenses resulting from this authorization.

If disposition of the cremated remains is still undetermined, or if they remain unclaimed beyond fifteen (15) days, I authorize Newell-Hoerling's Mortuary to mail them to the informant.

Signature/Relationship: \_\_\_\_\_

Address \_\_\_\_\_

Total Number of Signatures \_\_\_\_\_

Funeral Home/Director \_\_\_\_\_

Casket Description \_\_\_\_\_

Urn Description \_\_\_\_\_

### DISPOSITION RECORD OF CREMATED REMAINS

**A. DELIVER TO/MAIL TO:** \_\_\_\_\_

### B. RETAINED BY THE FAMILY

Person designated by the NOK to receive cremated remains.

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Cremated remains received by:

Signature \_\_\_\_\_ Date \_\_\_\_\_

If the authorizing agent does not personally appear to sign as such certification by a Notary Public is required and provided for below:

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

SS: \_\_\_\_\_

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 his/her identification by presenting to me a copy of his/her driver's license (copy attached hereto) on or by the following proof of identification (copy attached hereto) on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

My commission expires: \_\_\_\_\_

Notary Public: \_\_\_\_\_

Seal attached here.