

## AUTHORITY OF AUTHORIZING AGENT

I (We) hereby certify that the decedent left the following surviving 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 in the next degree of kinship to the decedent is (are) \_\_\_\_\_

If the legal next of kin or if all persons of the same degree of kinship are not signing below, a written explanation must be completed by the person(s) signing below as Authorizing Agent(s). Separate authorization(s), if necessary, shall be attached to, and considered part of this form.

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

### SIGNATURE OF AUTHORIZING AGENT(S)

*This is a legal document. It contains important provisions concerning cremation. Cremation is irreversible and final. Read this document carefully before signing.*

By executing this Cremation Authorization Form, as Authorizing Agent(s), the undersigned warrant that all representations and statements contained on this form are true and correct, that these statements were made to induce Williams Funeral Home Crematory to cremate the human remains of the decedent, and that the undersigned have read and understand the provisions contained on this form.

Executed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_.

Name \_\_\_\_\_ Signature \_\_\_\_\_

Relationship to Decedent \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_

Relationship to Decedent \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_

Relationship to Decedent \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_

Signature of Funeral Director as Witness  
for Signature(s) of Authorizing Agents

\_\_\_\_\_  
(Name and Address of Funeral Home)

### REPRESENTATIONS OF FUNERAL DIRECTOR

By executing this authorization form as a licensed funeral director and agent/employee of the funeral home indicated above, I warrant to the best of my knowledge the following:

1. That our funeral home was responsible for making arrangements with the Authorizing Agent(s) for the cremation of the decedent and that I have reviewed this authorization form with the Authorizing Agent(s).
2. That no member of our funeral home has any knowledge or information that would lead us to believe that any of the answers provided on this form, by the Authorizing Agent(s), are incorrect.
3. That the human remains delivered to Williams Funeral Home Crematory are represented as the human remains specified on this form are in fact the human remains that were identified to our funeral home as the decedent.
4. That our funeral home obtained all necessary permits authorizing the cremation of the decedent, and that those permits are attached.
5. That the representations contained above concerning the decedent's cause of death and regarding any infectious or contagious disease are true.
6. That the representations contained above concerning a pacemaker and any other material or implant that may be potentially hazardous are true.

\_\_\_\_\_  
Licensed Funeral Director