

**AUTHORIZATION TO CREMATE  
CADY CREMATION SERVICES**

The undersigned hereby certifies that he/she/they has/have the right to control the disposition of the remains of \_\_\_\_\_  
\_\_\_\_\_, a deceased person.

I/ We hereby authorize and request Cady Cremation Services, LLC. to cremate the remains of the above named deceased person, with the knowledge and understanding of the following terms and conditions:

1. I understand that the remains of the deceased must be contained in a combustible, leak resistant, rigid container. In the event that the remains of the deceased are contained in a casket or container constructed of metal, fiberglass, or other noncombustible material I/We authorize the crematory to dispose of any such non-combustible casket in any lawful manner it deems appropriate.
2. I understand that mechanical or radioactive medical implants (such as pacemakers, etc.) may create a hazard when placed in the cremation chamber and hereby authorize Cady Cremation Services LLC, its agents and employees, to remove any such devices from the remains of the deceased prior to cremation and to dispose of such items at its discretion. The crematory will not cremate any human remains which contain such a device. I agree to be liable for any damage to the crematory or injury to personnel in the event of my/our failure to properly effect such removal.

I/WE HEREBY CERTIFY THAT THE REMAINS OF THE DECEASED DOES \_\_\_\_\_ DOES NOT \_\_\_\_\_ CONTAIN ANY TYPE OF IMPLANTED MEDICAL DEVICE.  
(INITIAL ONE)

3. I understand that the human body burns with the combustible cremation container or casket in the cremation chamber and will be totally and irreversibly destroyed by prolonged exposure to intense heat and direct flame. During the cremation process the contents of the chamber may be moved to facilitate a complete and thorough incineration. Some bone fragments are not combustible at the incineration temperature and, as a result, remain in the cremation chamber. Upon completion of the cremation process these bone fragments, any disintegrated chamber material and small amounts of residue from previous cremations, are removed together and crushed, pulverized, or ground to fragments of less than 5 millimeters to allow the cremated remains to fit into containers or for scattering. While Cady Cremation Services LLC makes every effort to completely remove all of the remains from the chamber it is impossible to recover all cremated remains. Following processing, all recoverable remains will be placed in the container or urn selected by me/us.
4. I understand that certain items, including, but not limited to, medical prostheses, dentures, bridgework, fillings, mementos or other articles accompanying the remains of the deceased may not be totally destroyed by the cremation process and will be mechanically separated from the remains of the deceased and disposed of by the crematory before final processing of the cremated remains.

I/We agree to indemnify, release and hold Cady Cremation Services LLC, their agents and employees, harmless from any and all loss, damages, liability or causes of action, including attorney's fees and expenses 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 medical devices, or take possession of, or make permanent arrangements for, the disposition of such remains.

Unless I/We give specific written instructions in this Authorization, the cremation, processing and disposition of the remains of the deceased will not be performed in accordance with any particular religious or ethnic customs.

SPECIAL INSTRUCTIONS: \_\_\_\_\_

In the event that the cremated remains of the deceased remain unclaimed for a period of 90 days, Cady Cremation Services LLC shall give written notice to me/us by certified mail at the address indicated below. I/We agree that in the event the cremated remains remain unclaimed Cady Cremation Services LLC is authorized and directed to dispose of the unclaimed remains of the deceased in any lawful manner it may deem appropriate, pursuant to WAC 308-48-760.

I/We warrant that all representations and statements made herein are true and correct.

---

Signature _____	Print Name _____	Relationship to Deceased _____	Date _____
Address _____			
Street _____	City _____	State _____	Zip _____ Telephone # _____

---

Signature _____	Print Name _____	Relationship to Deceased _____	Date _____
Address _____			
Street _____	City _____	State _____	Zip _____ Telephone # _____

---