

Mohave Memorial Funeral and Cremation Services, 4764 Stockton Hill Road, Kingman, AZ 86409

CREMATION AUTHORIZATION FORM

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

____ **AUTHORITY TO CREMATE:** I/We, the undersigned (Authorizing Agent) certify, warrant and represent that I/We have the
initial full legal right and authority to authorize the cremation, processing and disposition of the human remains of (deceased)
_____. I/We hereby request and authorize Mohave Memorial to take possession
of and cremate the above named deceased.

____ **FINAL DISPOSITION / UNCLAIMED REMAINS:** The cremated remains of the deceased will be released to the next of kin
initial or representative. If the cremated remains are not claimed within 90 days of the cremation, they will be mailed to

(name) _____

(address) _____

Mohave Memorial is not responsible for lost or damaged cremated remains shipped via Registered Mail with USPS

____ **PACEMAKER:** The remains of the above named deceased [] does [] does not contain a pacemaker. If the remains
initial contain a pacemaker, Mohave Memorial has the consent to remove the pacemaker before the cremation process.

____ **LIMITATION OF LIABILITY:** I / We agree to indemnify and hold harmless the funeral home, crematory, their affiliates,
initial agents, employees and assigns from any and all loss, damages, liability or cause of action in connection with the
cremation and disposition of the cremated remains of the Deceased.

____ **AUTHORITY OF AUTHORIZING AGENTS:** I/We hereby certify that I/We are the closest living NEXT OF KIN of the Deceased
initial 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 Arizona, to execute this authorization form and to arrange for the cremation and disposition of the cremated
remains of the deceased. **Arizona Cremation Legal Order, Arizona Revised Statute 32-1365.02 1. Self-Authorization
2. Spouse-Unless legally separated or legally divorced 3. Durable Power of Attorney 4. Adult Children 5. Parent(s)
6. Adult Siblings 7. Grandchildren 8. Grandparents 9. Someone exhibiting special care & concern for deceased person.**

Signatures of person(s) authorizing cremation and disposition

Cremation Process: Cremation is performed to prepare the deceased for memorialization. Mohave Memorial will place the
human remains of the decedent in a combustible container, and the container with the human remains will be placed into a
cremation chamber. Incineration of the container and its contents is accomplished by substantially increasing the temperature
in the cremation chamber until combustion is obtained. After approximately 2 hours, all substances are consumed, except for
bone fragments and metal. After the appropriate cooling down period, nearly all the contents are removed together and
pulverized or ground to facilitate inurnment or scattering. The crematory operator will make every effort to remove all the
cremated remains from the cremation chamber, but is impossible to remove some ash. It is the responsibility of the family to
notify Mohave Memorial if there is any jewelry or other items that should not be cremated with the deceased.

I/We have read and understand the disclosure concerning the cremation process.

Authorization _____ **Relationship** _____ **Phone #** _____

Print Name _____ **Address** _____

Authorization _____ **Relationship** _____ **Phone #** _____

Print Name _____ **Address** _____

Mohave Memorial Representative _____