

*Avinger* FUNERAL HOME

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*Serving Families and Their Pets*

**AUTHORIZATION FOR CREMATION, PROCESSING,  
AND DISPOSITION OF THE REMAINS**

**OF \_\_\_\_\_  
SOCIAL SECURITY NO. \_\_\_\_\_**

The date and time of death of \_\_\_\_\_ (hereinafter "the Deceased") was on \_\_\_\_\_, at \_\_\_\_\_, as indicated on the attached attending physician's, medical examiner's or coroner's certificate of death.

The undersigned agent of the Deceased certifies that said agent has the full legal authority and right to authorize the cremation, processing, and disposition of the Deceased's remains, and further, said agent certifies that, to the agent's knowledge, there exists no person who possesses a superior priority right and no person of equal priority who disagrees with this authorization.

Exercising the authority aforesaid, I, the undersigned, hereby authorize **Avinger Funeral Home** (hereinafter "Funeral Establishment) to take possession of, and make arrangements for, the cremation of the remains of the Deceased at **McAlister-Smith Crematory** (hereinafter "Cremation Authority"); said Cremation Authority being specifically authorized to carry out the process of cremation of the Deceased's remains, in accordance with the provisions of **Chapter 8 of Title 32, 1976 S.C. Code**, as amended, upon receipt of the Deceased's remains.

I, as agent of the Deceased, hereby declare that, to the best of my knowledge (Check one):

\_\_\_\_\_ The Deceased's remains **DO NOT** contain a pacemaker, or any other material or implant, that may be hazardous, or cause damage to, the cremation chamber or the person performing the cremation.

\_\_\_\_\_ The Deceased's remains **DO** contain a pacemaker, or other material or implant, that may be hazardous, or cause damage to, the cremation chamber or the person performing the cremation.\*\*

\*\*Please list all Materials/Implants: \_\_\_\_\_  
\_\_\_\_\_

I, as agent of the Deceased, hereby declare that, to the best of my knowledge:

\_\_\_\_\_ The Deceased **DID NOT** have an infectious, contagious, or communicable disease or a disease declared by the Department of Health and Environmental Control to be dangerous to the public health.

\_\_\_\_\_ The Deceased **DID** have an infectious, contagious, or communicable disease declared by the Department of Health and Environmental Control to be dangerous to the public.\*\*

\*\*Please list all diseases: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The Agent of the Deceased further authorizes and instructs the Cremation Authority to properly dispose of any items, other than the remains of the Deceased, including, but not limited to, pacemaker, body prostheses, dentures, dental bridgework, and dental fillings that are recovered from the cremation chamber.

Jewelry and other personal articles that are recovered from the cremation chamber are to be disposed of as follows: \_\_\_\_\_  
\_\_\_\_\_

**THE CREMATION, PROCESSING, AND DISPOSITION OF THE REMAINS OF THE DECEASED, AS AUTHORIZED ABOVE, SHALL BE PERFORMED IN ACCORDANCE WITH ALL GOVERNING LAWS, AS WELL AS THE RULES, REGULATIONS, AND POLICIES OF THE FUNERAL ESTABLISHMENT AND/OR CREMATORY AUTHORITY, SUCH AUTHORIZATION BEING SUBJECT TO THE FOLLOWING TERMS AND CONDITIONS:**

Please read and initial the following:

\_\_\_\_\_ 1. The remains of the Deceased will not be accepted by the Cremation Authority unless the Deceased is in a casket, cremation casket, or an approved alternative container.

\_\_\_\_\_ 2. The Cremation Authority shall separate and remove from the cremation chamber all non-combustible materials, including, but not limited to, hinges, latches, nails, jewelry, and precious metal, and the Cremation Authority shall dispose of such materials as provided by law and/or as instructed herein.

\_\_\_\_\_ 3. Unless specifically authorized by the Deceased's agent(s), the Cremation Authority shall not simultaneously cremate the remains of more than one person in the same cremation chamber.

\_\_\_\_\_ 4. The services of the Cremation Authority are deemed to be fulfilled when the cremated remains of the Deceased are returned to the custody of the Funeral Establishment.

\_\_\_\_\_ 5. The Funeral Establishment is hereby authorized to dispose of the Deceased's remains as follows:  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ 6. If no method of disposition is specified in number 5 above, the cremated remains of the Deceased are to be held by the Cremation Authority for a period of 30 days, unless said remains are picked up or shipped to the agent or the Funeral Establishment before that time. At the end of 30 days, if final disposition arrangements have not been made, the Cremation Authority may return the cremated remains to the agent of the Deceased or the Funeral Establishment.

\_\_\_\_\_ 7. If, at the end of 60 days, no final disposition arrangements have been made, the Cremation Authority, or the Funeral Establishment in charge of the disposition arrangements, may dispose of the cremated remains in a manner provided by law, and in accordance with **Chapter 8 of Title 32, 1976 S.C. Code**, as amended.

\_\_\_\_\_ 8. Deceased's agent may revoke this authorization within 12 hours of its execution by providing written notice to the Funeral Establishment that assisted in making these arrangements and the Cremation Authority designated to perform the cremation.

\_\_\_\_\_ 9. I, the agent, have the right to authorize the cremation of the decedent and I am not aware of a person who has a superior priority or equal priority who disagrees with authorizing the cremation.

By signing this Cremation Authorization Form, I, as agent for the Deceased, agree that Avinger Funeral Home (Funeral Establishment) and McAlister-Smith Crematory (Cremation Authority) and its respective agents, employees, and assigns shall be held harmless in regard to any and all loss, damage, liability, or causes of action in connection with the cremation, processing, and disposition of the Deceased's remains. However, said Funeral Establishment and Cremation Authority and its respective agents, employees, and assigns shall not be held harmless for any acts in regard to the cremation, processing, and disposition of the Deceased's remains if said acts are performed in a grossly negligent manner.

**FURTHER, I, HEREBY, STATE THAT ALL REPRESENTATIONS AND STATEMENTS MADE BY ME ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE; AND, FURTHER, THAT I HAVE READ AND UNDERSTAND THE PROVISIONS CONTAINED IN THIS DOCUMENT AND THE ATTACHED EXPLANATORY INFORMATION IN REGARD TO THE CREMATION PROCESS.**

Witnessed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Agent Signature

Relationship to Deceased \_\_\_\_\_

\_\_\_\_\_  
Witness

Address of Agent: \_\_\_\_\_

Time (Specify AM or PM) \_\_\_\_\_

Telephone Number of Agent: \_\_\_\_\_

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

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

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

Address \_\_\_\_\_ Telephone Number: \_\_\_\_\_

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

Address \_\_\_\_\_ Telephone Number: \_\_\_\_\_



**IDENTIFICATION**

**HOLD HARMLESS AGREEMENT**

The undersigned, having viewed the remains, either at the place of death or the funeral home prior to cremation, hereby identify the same as the body of

\_\_\_\_\_. Ample time has been given the undersigned to assure proper identification prior to the execution of this document, and by signing same, the undersigned acknowledges that there is no doubt or question about this identification.

The undersigned assumes all liability for mistaken identification or incorrect identification and does hereby agree to indemnify and hold the

\_\_\_\_\_, (Funeral Establishment)

its officers, agents, and employees, harmless from any and all claims, suits, or causes of action, including a reasonable attorneys fee for the defense thereof, brought by any person, firm or corporation, or the personal representative thereof, arising out of the identification and request for cremation and disposition of the remains.

**I HAVE READ THE ABOVE INFORMATION:**

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
City and State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

\*\*\*\*\*

**FUNERAL HOME USE ONLY**

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signed