

DAVIS CREMATORY

Davis Crematory is locally owned and operated by Wyoming families under the corporation's name of Davis Funeral Home, Inc. with the Corporate Headquarters physically located at 2203 W. Main St., Riverton, WY 82501

State of Wyoming

County of Fremont

ID Disc# _____

CREMATION AUTHORIZATION

I/We hereby authorize and direct Davis Crematory and their agents, subject to terms and conditions (see below), to cremate the remains of:

Date of Death _____

NAME OF PERSON TO BE CREMATED _____

My relationship to this person is that of: _____

Initial one of the following statements.

- _____ (Initial) A. Upon my oath, and under penalty of perjury, I hereby swear and affirm that to the best of my knowledge there is **NO OTHER PERSON** having a superior right to give authorization and to control the remains of the above-named decedent.
- _____ (Initial) B. **There IS** a person or persons with an equal or superior right to arrange and direct the disposition of the remains of the DECEDENT. Each person or persons of equal right shall sign this authorization, a facsimile or copy of this authorization.
- _____ (Initial) C. **There IS** a person or persons with an equal or superior right to arrange and direct the disposition of the remains of the DECEDENT. However, the REPRESENTATIVE hereby certifies to the FUNERAL HOME that such other person(s) cannot be located by REPRESENTATIVE after a diligent effort to locate them and REPRESENTATIVE believes such person(s) have no objection to the planned disposition of DECEDENT'S remains.

DISCLOSURES, TERMS & CONDITIONS

- _____ (Initial) 1. I hereby agree to hold the above named crematorium, Funeral Service Establishment, the Funeral Director or person acting as such, their officers and employees harmless from any liability, cost and expense resulting from this authorization. I further understand that the cremation process is subject to the following terms and conditions.
- _____ (Initial) 2. YES NO Has this person been fitted with a radioactive or battery powered medical device? I authorize removal and disposal of the device.
- _____ (Initial) 3. I certify that any personal property of value to the heirs of this person has been or will be removed and that the funeral director, or person acting as such, the crematory and their agents/affiliates are not liable for any personal property.
- _____ (Initial) 4. I understand that for handling the body and for sanitary purposes, it is the policy of Davis Crematory that the body be placed in an alternative container (rigid container – wood base and leak resistant), is required by Davis Crematory for cremation. Caskets (fiberglass or metal) are not accepted.
- _____ (Initial) 5. I understand that all prosthesis (hip joints, surgical pins, etc.) bridgework or similar items will be recycled or discarded after the cremation process. Gold inlays and fillings, rings and other jewelry will lose their identity.
- _____ (Initial) 6. I understand that the cremated remains will be returned, however, some may be irreclaimable during the cremation, processing and containerization.
- _____ (Initial) 7. I understand that in some cases the amount of processed cremated remains may exceed the capacity of the urn or temporary container. Any excess cremated remains will be placed in a separate container and will accompany the primary urn or temporary container when released.

DISPOSITION OF CREMATED REMAINS

Initial and fill in one of the following:

_____ (Initial) 8. Release to: _____ Phone No. _____

Others: _____

_____ (Initial) 9. Ship to: _____

Address: _____

_____ (Initial) 10. Burial _____ Date _____ Family Present Y N

NAME OF CEMETERY _____

_____ (Initial) 11. Description of Urn _____.

_____ (Initial) 12. The funeral home cannot hold ashes for more than 6 days from the date of cremation. If the person designated in section 8 of this authorization does not retrieve the cremated remains within the six days, the funeral home may release the cremated remains to any person at the discretion of the funeral home unless arrangement are made under Sections 9 or 10. The family will be contacted when the cremation is finished and ashes are ready to be picked up.

Cremation will NOT take place without written authorization of next of kin of the Deceased, or the Deceased's legal representative. The next of kin is the person or persons below in the following order per Wyoming Statute 2-17-101 (b).

a) Spouse (b) Children (over age of 18) (c) parents (d) brothers and sisters (e) grandparents (f) stepchildren (g) guardian

If a funeral director or undertaker receives written consent from a person specified in subsection (b) of this section, he may act in accordance with the consent, unless a person with a higher or equal priority provides the funeral director or undertaker a contrary written consent within three (3) days per Wyoming Statute 2-17-101 (c).

If next of kin is an adult child or sibling, it is required that all adult children or siblings sign the authorization.

CERTIFICATION

I HEREBY CERTIFY THAT I HAVE READ AND UNDERSTAND THE ABOVE.

Signature: _____
Print Name: _____
Address: _____
City, State, Zip Code: _____

Signature: _____
Print Name: _____
Address: _____
City, State, Zip Code: _____

Signature: _____
Print Name: _____
Address: _____
City, State, Zip Code: _____

Signature: _____
Print Name: _____
Address: _____
City, State, Zip Code: _____

Signature: _____
Print Name: _____
Address: _____
City, State, Zip Code: _____

Signature: _____
Print Name: _____
Address: _____
City, State, Zip Code: _____

Funeral Director Signature: _____ Date: _____
(Davis Funeral Home Director, dba Davis Crematory)

Funeral Director Printed Name: _____

Subscribed and sworn to, before me this _____ day of _____, 20____ My commission expires: _____

Notary Public _____