

DAVIS CREMATORY

Davis Crematory is locally owned and operated by Wyoming families under the corporation name of Davis Funeral Home, Inc and is 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: _____

NAME OF PERSON TO BE CREMATED

My relationship to this person is that of: _____

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 prior right to give authorization and to control the remains of the above named decedent, Also, 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,

DISCLOSURES, TERMS & CONDITIONS

_____ (Initial) 1. YES NO Has this person been fitted with a heart pacemaker? I authorize removal and disposal of the pacemaker.

_____ (Initial) 2. 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) 3. I understand that for handling the body and for sanitary purposes, it is the policy of Davis Crematory that the body be placed in a rigid container. Caskets (fiberglass or metal) are not accepted.

_____ (Initial) 4. 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) 5. I understand that the cremated remains will be returned, however, some may be irreclaimable during the cremation, processing and containerization.

_____ (Initial) 6. 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) Release to: _____ Phone No. _____

_____ (Initial) Ship to: _____

Address: _____

_____ (Initial) Other: _____

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

CERTIFICATION

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

This authorization must be signed in the presence of a funeral director, or person acting as such, or to be notarized.

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 _____