



146 Chandler Ave. | Johnstown, PA 15906 | phone 814.536.1770 | toll-free 877.549.7514 | fax 814.532.5383 | William T. Hindman, Supervisor  
www.hindmanfuneralhomes.com

Branch: 1521 Frankstown Road | Johnstown, PA 15902 | phone 814.535.4018 | William T. Hindman III, Supervisor

**CREMATION AUTHORIZATION AND DISPOSITION**

I, (We) the undersigned (the "Authorizing Agent(s)") authorize Hindman Funeral Homes & Crematory, Inc., in accordance with and subject to the rules and regulations of the Commonwealth of Pennsylvania, to cremate the human remains of (decedent) \_\_\_\_\_ and to arrange for the final disposition of the cremated remains as stated in this form.

I, (We) certify that the decedent left the following heirs at law:

Self	Yes	No	These arrangements are being made PRENEED
Spouse	Yes	No	Name _____
Children	Yes	No	How many _____ Name(s) _____
Parents	Yes	No	How many _____ Name(s) _____
Siblings	Yes	No	How many _____ Name(s) _____

If all responses are "No", the person(s) in the next degree of kinship to the decedent is (are) \_\_\_\_\_

**IDENTIFICATION**

I, \_\_\_\_\_, (Relationship) \_\_\_\_\_ hereby certify that I have the legal right to arrange for the cremation and disposition of the cremated remains of the above named decedent. In addition, I am aware of no objection to this cremation by any spouse, child, parent, or sibling.

I (We) have/have not identified the above named human remains that were delivered to the funeral home and have authorized the funeral home to deliver the deceased to Hindman Funeral Homes & Crematory, Inc. for cremation. Hereafter such crematory will be referred to as The Crematory.

Initial \_\_\_\_\_

Date of Death \_\_\_\_\_ Place of Death \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

Was the death caused by an infectious, contagious, or communicable disease? Yes No

**PRENEED CREMATION ARRANGEMENTS**

Did the decedent arrange for his or her own cremation on a preneed basis?	Yes	No
Did the decedent leave a will with written instructions to be cremated?	Yes	No
Did the decedent execute a preneed cremation contract?	Yes	No
Are you authorizing your own cremation, preneed, with this form?	Yes	No
Did the decedent arrange for final disposition of the cremated remains?	Yes	No

If yes, please describe \_\_\_\_\_

**TIME OF CREMATION**

The Crematory is authorized to perform the creation upon receipt of the human remains, at it's discretion, and according to its own time schedule, as work permits, without obtaining any further authorization or instructions. Yes No

If No, please complete the following:

Cremation shall take place on \_\_\_\_\_ (day) \_\_\_\_\_ (date), at \_\_\_\_\_ (time).

Initial \_\_\_\_\_