

**PACEMAKERS, PROSTHESES, SILICON, AND RADIOACTIVE IMPLANTS**

NOTICE: Heart pacemakers, prosthesis, silicon and radioactive producing implant devices or other life sustaining devices may cause an explosion or damage in the cremation chamber. If the crematory does not receive notice, the person or persons authorizing cremation shall be held responsible for any damage resulting thereof. The funeral director and crematory shall accept NO liability under these circumstances. In view of the above, carefully and completely read this document consisting the following certification.

CERTIFICATION: I Herby certify that I have read and understand the above notice. Initial \_\_\_\_\_

Did the decedent's remains contain a silicon implant? Yes No

Did the decedent's remains contain a pacemaker? Yes No

Did the decedent's remains contain a radioactive implant? Yes No

If you answered yes to any of the above three questions, please initial the following:  
I have instructed the funeral home to remove or arrange for the removal of these devises and to properly dispose of them prior to transporting the decedent to the Crematory.

Initial \_\_\_\_\_

I certify that I (we) have made such inquiry as is necessary to determine whether or not the remains of the deceased contains any of the above specified implant devices and certify that it does not. It is my understanding that the crematory will not accept the body for cremation if it contains these devices, and that the Crematory will rely solely on this certification in accepting the remains for cremation.

Initial \_\_\_\_\_

**WITNESSING**

It is the Crematory's policy not to allow anyone to witness the cremation unless the religious practices of the family require it.

**MERCHANDISE**

Type of casket or container selected \_\_\_\_\_

Size and type of urn or container selected \_\_\_\_\_

**FINAL DISPOSITION**

Release Cremated Remains to \_\_\_\_\_

Ship Cremated Remains to \_\_\_\_\_

If shipment is authorized, the undersigned authorizes the crematory to deliver the cremated remains via registered US Mail and agrees to pay the handling and mailing fees incurred therein. I (we) agree to assume all liability for any damages that may arise from any cause growing out of said delivery and to indemnify and hold harmless the Crematory and the funeral director for any and all claims related to said shipment.

**LIMITATION OF LIABILITY**

In requesting cremation I (we) acknowledge that such is an irreversible act, and therefore, I do hereby authorize cremation with full knowledge that the funeral director is acting solely upon my direction. In addition, I (we), the undersigned assume all liability for mistaken identity or incorrect identification, and do hereby agree to indemnify and hold Hindman Funeral Homes & Crematory, Inc., it agents, officers, and employees harmless from any and all claims, suits or causes of action, including reasonable attorney's fee for the defense thereof, brought by any person, firm or corporation or the personal representative thereof.

**SIGNATURE OF AUTHORIZING AGENT(S)**

Signed: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Witness: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Date: \_\_\_\_\_

Funeral Director Signature: \_\_\_\_\_ License No. \_\_\_\_\_

Name & Address of Funeral Home: \_\_\_\_\_

\_\_\_\_\_