

AUTHORIZATION FOR CREMATION AND DISPOSITION

THIS SPACE FOR CREMATORY USE ONLY	Cremation # _____	Cremation Date _____	
Beginning: _____	Ending _____	Processing _____	Operator's Initials _____

DECEASED'S NAME _____ (the "DECEASED") Sex _____ Age _____
Date and Time of Death _____ Place of Death _____

I hereby request and authorize ASPEN MORTUARIES INC. to take possession of and make arrangements for the cremation of the Deceased's remains at LAKEWOOD CREMATORY in LAKEWOOD, COLORADO ("Crematory").

To induce the Funeral Home and the Crematory to cremate, process and dispose of the deceased's remains, I, the undersigned hereby certify, warrant, represent and acknowledge that: **(by initialing item 1-6 below)**

- _____ I have the full legal right and authority to authorize the cremation, processing and disposition of the Deceased's Remains.
- _____ I have read and understood the crematory requirements, procedures, and policies contained on form 4.
- _____ I have not been denied the opportunity to personally identify the Deceased's remains and assume full responsibility for the identification of the Deceased's remains.
- _____ I understand that if I wish to remove or retain any item from the Deceased's remains, I must do so directly or by authorized agent prior to the cremation process.
- _____ I give permission for the funeral home or its duly authorized agent to remove and dispose of any pacemaker or other type of implanted mechanical or radioactive device.
- _____ I understand that in the event the cremated remains have not been permanently picked up by me or by my designated representative within 120 days from the date of cremation, the Funeral Home is authorized and directed to dispose of the unclaimed remains in any lawful manner.

DISCLOSURES

Description of urn or container selected _____

NOTE: In the event the urn or container is insufficient to accommodate all of the cremated remains of the deceased, any excess cremated human remains will be placed in a secondary container and returned to the family, together with the primary urn or container.

ORDER FOR DISPOSITION

I authorize Aspen Mortuary to arrange for the disposition of the cremated remains of the deceased as follows:

_____ Release to family member
Phone: _____ Address _____
_____ Scattering by Funeral Home or Funeral Home's agent.
_____ Ship to: _____ Address _____
_____ Other _____

SIGNATURE AND INDEMNITY

I declare under penalty of perjury that the foregoing information is true and correct, and that I make this statement to Funeral Home and Crematory to cremate or cause to be cremated the remains of the Deceased. I agree to hold indemnify and defend Funeral Home and Crematory against any claims, liabilities, damages, cost or expenses, including attorney fees, which may result from this Authorization and Order, including without limitation claims that arise from or relate to shipping, identity, kinship, explodable or harmful implant, infectious disease, or other persons claiming rights to control disposition of the Deceased's remains.

X _____
Signature of person claiming legal right to control disposition

Printed Name: _____

Relationship: _____

Address: _____

Telephone No. _____

Other Signatures of Person(s) claiming legal right to control disposition:

Signature _____ Relation _____

Signature _____ Relation _____

Signature _____ Relation _____

By accepting the cremains of the decedent, the undersigned hereby releases Aspen Mortuary and Lakewood Crematory of any further liability of the cremains. **Please do not sign below until receiving the cremated remains of your loved one.**

X _____
Signature of Authorized Recipient

Signature of Funeral Director