

**CREMATION AUTHORIZATION FORM**

**This is a legal document and contains important provisions concerning cremation. Read this document before signing.**

The undersigned (the "Authorizing Agent"), hereby authorize and request Phaneuf Funeral Homes and Crematorium, Pillsbury Phaneuf Funeral Home or Ker Phaneuf Funeral Home in accordance and subject to its rules and regulations, and any applicable state or local laws or regulations, to cremate the human remains of \_\_\_\_\_, (the "decedent"), who died on the following date \_\_\_\_\_ at the following location \_\_\_\_\_ from the following cause \_\_\_\_\_.

**1. LIMITATION OF LIABILITY**

As the Authorizing Agent, I hereby agree to indemnify and hold harmless Phaneuf Funeral Homes and Crematorium, its officers, agents, employees of and from any and all claims, demands, causes or causes of action, and suits of every kind, nature and description, in law or equity, including legal fees, costs and expenses of litigation, arising as a result of, based upon or connected with this authorization, including the failure to properly identify the decedent or the humans remains, the processing, shipping and final disposition of the decedents cremated remains, the failure to take possession of or make proper arrangements for the final disposition of the cremated remains, any damages due to harmful or explode able implants, claims brought against any other person(s) claiming the right to control the disposition of the decedent or the decedent's cremated remains, or any other action performed by the crematorium, its officers, agents, or employees, pursuant to this authorization, excepting only acts of willful negligence. The liability of Phaneuf Funeral Homes and Crematorium shall be limited to the cremation of the decedent. No warranties express or implied are made. Damages shall be limited to the amount of the cremation fee paid.

**2. PACEMAKERS, PROSTHESIS, SILICON AND RADIOACTIVE IMPLANTS**

I, the undersigned, state that the decedent's remains do not contain a pacemaker, prosthesis, silicon implants, radioactive implant or any other devise that could be explosive or harmful to the crematorium. If such a devise exists, I have instructed the funeral director to arrange for the removal of these devises and to properly dispose of them prior to cremation. I agree that in the event of my failure to notify the funeral home of the existence of any of the referenced devises, I will be liable for damages to the crematorium or injury to crematorium personnel. **CHECK IF PRESENT: PACEMAKER  PROSTHESIS  SILICON IMPLANTS  OTHER IMPLANTS**

**3. FINGERPRINTING**

All deceased are fingerprinted, insofar as possible, to ensure the accurate identification of the body throughout the process leading to final disposition. The family agrees and gives permission to take the decedent's fingerprints with a vegetable-based ink system or biometric scanner. Fingerprints are kept in a secure location and at families' written direction may be destroyed after final disposition. Fingerprints will otherwise be kept in an encrypted storage facility for 3 years, pursuant to the law in Illinois where the storage facility is located.

**4. DISCLOSURES REGARDING THE CREMATION PROCESS**

It is our policy to provide information concerning the cremation process so that our client families are fully informed. These disclosures are provided in the interest of satisfying any questions and allaying any concerns you may have. The cremation, processing and disposition of the decedents remains will be performed in accordance with New Hampshire Revised Statutes Annotated 325-A, New Hampshire Code of Administrative Rules Chapter He-P 600, or in accordance with Vermont Statutes Annotated title 18, Chapter 107, Subchapter 001, Paragraph 5201, and any and all other governing rules and the policies, procedures and requirements of Phaneuf Funeral Homes and Crematorium. Cremation will only take place after all of the following conditions have been satisfied: (a) all scheduled ceremonies and viewing have been completed; (b) at least 48 hours have transpired since the death occurred (no waiting period is required in the case of death resulting from a contagious or infectious disease and Phaneuf Funeral Homes and Crematorium reserves the rights to perform the cremation thereafter according to its own schedule); (c) the burial permit has been received along with a copy of the signed death certificate and cremation authorization form; (d) the decedent has been viewed by a State appointed medical examiner or assistant examiner and the medical examiner certificate has been signed or the VT Medical Examiner has authorized the cremation to take place per 18 V.S.A. §5201(b) and signed the Medical Examiner's Permit to Cremate form VDH-OCME-CP-01/2011. (e) the deceased had been wrapped in a leak proof pouch and placed in the cremation container, as selected; and (f) no objections concerning the cremation have been raised. Cremation is performed by placing the deceased a cremation container and then placing the container into a cremation chamber or retort, where they are subject to intense heat and flame. Through the use of natural gas, incineration of the container and its contents is accomplished and all substances are consumed or driven off, except bone fragments (calcium compounds) and metal (including dental gold and silver and other non-human materials) as the temperature is not sufficient to consume them. Phaneuf Funeral Homes and Crematorium, at its sole discretion, reserves the right to remove all noncombustible materials before cremation and discard them in a non-recoverable manner. Due to the nature of the cremation process any personal possessions or valuable materials, such as dental gold or jewelry (as well as body prosthesis or dental bridgework), that are left with the deceased and are not removed from the container prior to cremation will be destroyed or if not destroyed, will be disposed. Following a cooling period, the cremated remains, which will normally weigh several pounds in the case of an average size adult, are swept or raked from the retort. We make every reasonable effort to remove all of the cremated remains from the retort, but it is impossible to remove all of them, as some dust and other residue from the process is always left behind. In addition, while every effort is made to avoid commingling, inadvertent or incidental commingling of minute particles of cremated remains from the residue of previous cremations is possible. After the cremated remains are taken from the retort, all noncombustible materials (insofar as possible) are separated and removed from the human bone fragments by visible or magnetic selection and are disposed of in a non-recoverable manner. When the cremated remains are remove from the retort and after they have been separated from other material, they are then mechanically processed (pulverized). This process of crushing or grinding may cause incidental commingling of the remains with residue coming from the processing of previously cremated remains. These granulated particles will be virtually unrecognizable as human remains.

**5. SIGNATURE OF AUTHORIZING AGENT**

I, \_\_\_\_\_ the undersigned, as Authorizing Agent, hereby certify that I have charge of the remains of the decedent and as such possess full legal authority and power, according to the laws of New Hampshire, to execute this authorization for and to arrange for the cremation and disposition of the cremated remains of the decedent. In addition, I am aware of no objection to this cremation by any spouse, child, parent or sibling of the decedent. Executed at \_\_\_\_\_, this \_\_\_\_ day of \_\_\_\_\_, 201\_\_\_. I authorize the following person(s) or organization to pick up or accept the cremated remains \_\_\_\_\_. I request the final disposition of the cremated remains to be as follows:  Buried/Interred in a cemetery  Kept by Family  Scattered  Other

**Signature of Authorizing Agent** \_\_\_\_\_ **Relationship** \_\_\_\_\_ **Telephone #** \_\_\_\_\_

**Signature of Funeral Director as Witness for Signature of Authorizing Agent** \_\_\_\_\_

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