

CREMATION AUTHORIZATION FORM FOR OXFORD HILLS CREMATORY, INC.

P.O. Box 358, Chester, New York 10918-0358 800-992-7362 or 845-783-1811

Name of the Deceased _____ Age _____

Flynn Funeral & Cremation Memorial Centers () Monroe Office () Chester Office
139 Stage Road, Monroe, NY 10950 (845) 783-1811 or 3 Hudson Street, Chester, NY 10918 (845) 469-2525

Funeral Home _____

THE CREMATION PROCESS

All cremations are performed individually. Exceptions are only made in the case of close relatives, and then only with the prior written instructions of the Authorizing Agent(s).

Cremation is performed by placing the deceased in a casket or other container and then placing the casket or container into a cremation chamber or retort, where they are subjected to intense heat and flame. During the cremation process, it may be necessary to open the cremation chamber and reposition the deceased in order to facilitate a complete and thorough cremation. Through the use of suitable fuel, incineration of the container and 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 nonhuman material) as the temperature is not sufficient to consume them. Due to the nature of the cremation process, any personal possessions or valuable materials, such as dental gold or jewelry (as well as any body prosthesis or dental bridgework), that are left with the decedent and not removed from the casket or container prior to cremation will be destroyed or if not destroyed, will be disposed of by Oxford Hills Crematory, Inc. As the casket or container will not normally be opened by Oxford Hills Crematory, Inc. (to remove valuables, to allow for a final viewing or for any other reason), arrangements must be made with the funeral home to remove any such possessions or valuables prior to the time that the decedent is transported to Oxford Hills Crematory, Inc. Following a cooling period, the cremated remains, which will normally weigh several pounds in the case of an average size adult, are then swept or raked from the cremation chamber. Oxford Hills Crematory, Inc. makes a reasonable effort to remove all of the cremated remains from the cremation chamber, but it is impossible to remove all of them, as some dust and other residue from the process are always left behind. In addition, while every effort will be made to avoid commingling, inadvertent or incidental commingling of minute particles of cremated remains from the residue of previous cremations is a possibility. After the cremated remains are removed from the cremation chamber, all non-combustible materials (insofar as possible), such as bridgework, and materials from the casket or container, such as hinges, latches, nails, etc., will be separated and removed from the human bone fragments by visible or magnetic selection and will be disposed of by Oxford Hills Crematory, Inc. with similar materials from other cremations in a non-recoverable manner. When the cremated remains are removed from the cremation chamber, the skeletal remains often contain recognizable bone fragments. Unless otherwise specified, after the bone fragments have been separated from the other material, they will then be mechanically processed (pulverized). This process of crushing or grinding may cause incidental commingling of the remains with the residue from the processing of previously cremated remains. These granulated particles of unidentifiable dimensions will be virtually unrecognizable as human remains.

TIME OF CREMATION

Oxford Hills Crematory, Inc. is authorized to perform the cremation upon receipt of the human remains, at its discretion, and according to its own time schedule, as work permits, without obtaining any further authorization or instructions.

DISCLOSURE

Many caskets that are comprised primarily of combustible material also contain some exterior parts, e.g. decorative handles or rails, that are not combustible and that may cause damage to the cremation equipment. Oxford Hills Crematory, Inc., at its sole discretion, reserves the right to remove these non-combustible materials prior to cremation and to discard them with similar materials from other cremations and other refuse in non-recoverable manner.

LIMITATION OF LIABILITY

The obligations of Oxford Hills Crematory, Inc. shall be limited to the cremation of the decedent and the disposition of the cremated remains as authorized on the Cremation Authorization Form. No Warranties expressed or implied are made and damages shall be limited to the amount of the cremation fee paid. The undersigned hereby requests and authorized, in accordance with and subject to your rules and regulations as well as those of the State of New York to cremate the remains and casket or alternate container containing the deceased and certifies and represents that he or she has the right to make such authorization and agrees to hold the Crematorium, Funeral Home and Funeral Director harmless from liability on account of said authorization. I further state that the deceased has not had a heart pacemaker implanted, radiation producing implant device nor any other life sustaining device that could be explosive. If such a device exists, I have instructed the funeral director or others to remove it before cremation. I also agree that in the event of my failure to notify the funeral director or any others responsible for the removal of such a device, I will be liable for any damages to the crematorium or any injury to

crematorium personnel. (_____) AUTHORIZING AGENT TO SIGN

The undersigned hereby authorizes the crematory to deliver the cremated remains via Registered Mail and agrees to assume all liability for any damages that may arise from any cause growing out of said delivery and to indemnify and hold harmless Oxford Hills Crematory and the Funeral Director from any and all claims related to said shipment.

It is requested that the following disposition be made of the cremated remains: () RETURN TO FUNERAL HOME OR MAIL ()

MAIL CREMAINS TO: _____

Name and Signature of Witness (Signature of relative or legal representative) STATE RELATIONSHIP

Street/Apt/_____

City _____ State _____ Zip Code _____

The Funeral Director hereby acknowledges and verifies the absence of any hazardous waste, heart pacemaker implanted, radiation producing implant device or any other life-sustaining device that could be explosive.

Funeral Directors Name, Signature and License Number

**NO CREMATION WILL OCCUR UNLESS THIS FORM IS FULLY COMPLETED
THIS IS A PERMANENT STATE RECORD – DO NOT ALTER BY CONTENT OR DIMENSIONS**

OPERATIONS P B L C
TYPE: H C A I