

CREMATION AUTHORIZATION

I (we) the undersigned hereby authorize **ACACIA PARK CEMETERY AND MAUSOLEUM CORPORATION** ("Cemetery") to

Cremate the remains of _____ who died on _____, 20_____.

I (we) further certify that I (we) have the right and possess full legal authority to make this Cremation Authorization and agree to indemnify, defend and hold harmless said Cemetery from any and all liabilities with respect to said cremation.

I (we) further certify that the deceased has not had a heart pacemaker implanted, a radiation producing implant device, nor any other life sustaining device that could be explosive. If such device exists, I (we) authorize said Cemetery to remove such device. I (we) further agree that in the event of my (our) failure to notify said Cemetery or any other responsible party for the removal of such device, I (we) will be liable for any damage to the Cemetery or injury to crematory personnel. I (we) understand that all metals remaining following cremation will be sent for recycling. Recycling of these metals (prosthesis, dental implants, or similar items) will be done in compliance with EPA, state, and federal laws. Net profits from the recycling program will be used for the maintenance and beautification of the cemetery grounds.

You are hereby authorized to make the following disposition of the cremains:

Place in niche now owned Deliver to: _____ Other: _____

Hold for period not to exceed 30 days. If said remains are not claimed within 30 days, said Cemetery is to mail the cremains, prepaid by registered mail, to the first person listed below.

When mailing or shipping is authorized, cremains will be forwarded as indicated and I (we) agree to assume all liability for any damages that may arise from any cause growing out of said delivery and to hold harmless and indemnify said Acacia Park Cemetery and Mausoleum Corporation ("Cemetery") from any and all claims related to said shipment. All cremations are subject to the rules and regulations of the Cemetery.

Print Name	Signature	Relationship	Date
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Address _____

Print Name	Signature	Relationship	Date
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Address _____

CERTIFICATION OF NEXT OF KIN FOR CREMATION

I (WE), THE UNDERSIGNED, HEREBY CERTIFY THAT I (WE) AM (ARE) THE CLOSEST LIVING RELATIVE(S) OR NEXT OF KIN OF _____, DECEASED.

I (WE), FURTHER CERTIFY THAT NO OTHER RELATIVE OR PARTY IN INESTERST HAS OBJECTED TO THIS CREMATION.

Signature

Address

City State Zip

Telephone Relationship

Signature

Address

City State Zip

Telephone Relationship