



Partners:  
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**6. PACEMAKERS, IMPLANTS, AND PROSTHESES (SEE #6 ON REVERSE SIDE.)**

Description of Devices

Please initial one of the following statements:

- \_\_\_\_\_ (Initials) The remains of the Decedent do not contain any of the Devices described in #6 on the reverse side.  
**OR**  
 \_\_\_\_\_ (Initials) As Authorizing Agent, I instruct the Funeral Home to remove each Device listed above and to charge for its services in making or arranging for such removal. Unless indicated directly below, the Funeral Home is to dispose of all such Devices.

The Devices listed are to be removed and returned to the Authorizing Agent:

**7. WITNESSES (SEE #7 ON REVERSE SIDE.)**

- \_\_\_\_\_ (Initials) No witnesses  
**OR**  
 \_\_\_\_\_ (Initials) List of witnesses \_\_\_\_\_

**8. THE CREMATION PROCESS (SEE #8 ON REVERSE SIDE)**

**9. AUTHORIZATION TO CREMATE, PROCESS AND PULVERIZE**

\_\_\_\_\_ (Initials) As Authorizing Agent, I have read and understand the description of the cremation process contained in #8 on the reverse side and authorize the cremation, processing and pulverization of the remains of the Decedent. I further authorize the Funeral Home to deliver the Decedent's remains to the Crematory for the purpose of the cremation.

**10. URN OR TEMPORARY CONTAINER (SEE #10 ON REVERSE SIDE)**

- Urn selected by Authorizing Agent. Description of urn: \_\_\_\_\_  
 Standard temporary shipping container provided by Crematory.

**11. FINAL DISPOSITION (PLEASE INITIAL THE OPTION SELECTED AFTER READING #11 ON REVERSE SIDE)**

- \_\_\_\_\_ (Initials) The Crematory shall deliver the cremated remains of the Decedent to the Funeral Home.  
**OR**  
 \_\_\_\_\_ (Initials) The Funeral Home or, in the event the cremated remains are not returned to the Funeral Home, the Crematory shall deliver the cremated remains of the Decedent for disposition as follows:  
 Deliver to \_\_\_\_\_ cemetery which with arrangements have already been made.  
 Deliver or release to (Name): \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Other: \_\_\_\_\_

**12. PERSONAL PROPERTY**

All personal property and effects delivered with the remains of the Decedent to the Crematory, including jewelry, clothes, hair pieces, dental bridgework, eyeglasses, and shoes, will be destroyed in the cremation process or otherwise discarded by the Crematory, in its sole discretion, unless specific instructions for delivery to Authorizing Agent are given below. Items to be delivered to Authorizing Agent:

**13. VISITATION AND FUNERAL CEREMONIES**

Prior to the cremation of the Decedent's remains, the Authorizing Agent or the Decedent's family has arranged for a visitation and/or funeral ceremony as set forth below:

Date(s): \_\_\_\_\_ Time(s) \_\_\_\_\_  
 Place of Ceremonies: \_\_\_\_\_

**14. TIME OF CREMATION**

Please initial one of the following:

- \_\_\_\_\_ (Initials) The Crematory may perform the cremation of the Decedent's remains at a time and date as its work schedule permits without any further notification to the Authorizing Agent.  
**OR**  
 \_\_\_\_\_ (Initials) The Crematory is to use its best efforts to schedule the cremation in accordance with the schedule set forth below:  
 Date: \_\_\_\_\_ Time: \_\_\_\_\_

**15. CERTIFICATION AND INDEMNIFICATION**

The Authorizing Agent acknowledges that the Funeral Home and Crematory are relying upon the representations being made by the Authorizing Agent in this authorization. The Authorizing Agent certifies that all of the information and statements contained in the Authorization are accurate and no omissions of any material fact have been made. The Authorizing Agent agrees to indemnify and hold harmless the Funeral Home and the Crematory, their officers, directors, employees and agents from any and all claims, demands, actions, causes of action or suits of any kind or nature whatsoever, including, but not limited to, any legal fees arising out of or resulting from the Funeral Home's and the Crematory's reliance on or performance consistent with the directions, statements, representatives and agreements contained in the Authorization.

Executed at \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_

Signature of Authorizing Agent: \_\_\_\_\_

Witness: \_\_\_\_\_

**CREMATION AND DISPOSITION AUTHORIZATION**

This Authorization Form must be completed and signed prior to the cremation. Please read it carefully and ask us any questions you may have. Cremation is an irreversible and final process. It is important that you understand the cremation process that is described in Section 8 of this Authorization Form prior to signing it. We want you to fully understand the information provided in this Authorization Form, so we will be pleased to answer any questions about the cremation process or the other information in this form.

**THE AUTHORIZATION IS NOT A CONTRACT FOR CREMATION SERVICES. A SEPARATE CONTRACT OR CONTRACTS WILL BE REQUIRED TO PURCHASE THE SERVICES OF THE FUNERAL HOME AND/OR CREMATORY.**

(Print all information except signatures.)

**1. IDENTIFICATION OF THE DECEDENT**

Name of Decedent \_\_\_\_\_  
 Date of Death: \_\_\_\_\_ Time: \_\_\_\_\_  
 Place of Death: \_\_\_\_\_  
 Sex: M F Age: \_\_\_\_\_  
 DOB: \_\_\_\_\_ S.S.: \_\_\_\_\_

**BECAUSE CREMATION IS IRREVERSIBLE, IDENTIFICATION OF THE DECEDENT IS REQUIRED BY ONE OF THE FOLLOWING METHODS:**

- \_\_\_\_\_ (Initials) The Authorizing Agent has viewed the remains and positively identified them as the body of the Decedent.  
**OR**  
 \_\_\_\_\_ (Initials) The personal representative of the Authorizing Agent has viewed the remains and positively identified them as the body of the Decedent.  
**OR**  
 \_\_\_\_\_ (Initials) The Authorizing Agent has authorized the Funeral Home to photograph the remains and the Authorizing Agent has positively identified the photograph as that of the Decedent.

**2. FUNERAL HOME AND CREMATORY**

The Authorizing Agent authorizes the Funeral Home and Crematory set forth below to carry out the directions and instructions of the Authorizing Agent contained in this Authorization.

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

**3. IDENTIFICATION OF AUTHORIZING AGENT**

Name of Authorizing Agent \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone No.: \_\_\_\_\_  
 Relationship: \_\_\_\_\_

**4. AUTHORITY OF AUTHORIZING AGENT**

As Authorizing Agent, I represent that I have the right to authorize the cremation of the Decedent's remains and I am initialing one of the following three statements accordingly:

- \_\_\_\_\_ (Initials) I certify that I do not have actual knowledge of any living person who has a superior right to act as the Authorizing Agent.  
**OR**  
 \_\_\_\_\_ (Initials) There is another living person(s) listed below who has a superior or equal right to act as Authorizing Agent. That person(s) has provided me written permission to serve as Authorizing Agent.  
**OR**  
 \_\_\_\_\_ (Initials) There is another living person(s) listed below who has a superior or equal right to act as Authorizing Agent. I have made all reasonable efforts to contact such person(s), but have been unable to do so. I have no reason to believe that such person(s) would object to the cremation of the Decedent's remains.

Name(s) of Other Persons: \_\_\_\_\_

**5. CASKET OR ALTERNATIVE CONTAINER (SEE #5 ON REVERSE SIDE.)**

Casket or Alternative Container Selected: \_\_\_\_\_