

## **AUTHORIZATION TO COMMINGLE CREMATED REMAINS**

1. **PARTIES:**

"FUNERAL HOME": \_\_\_\_\_  
(Name of Funeral Home)

"REPRESENTATIVE": \_\_\_\_\_  
(Use Reverse Side (Name of Representative)  
for Additional Names)

"DECEDENT": \_\_\_\_\_  
(Name of Decedent)

2. **RELATIONSHIP OF REPRESENTATIVE:** The REPRESENTATIVE warrants and represents to the FUNERAL HOME that the relationship between the REPRESENTATIVE and the DECEDENT is as follows: (Check the appropriate box)

Spouse

Next-of-Kin (Closest Living Relative)

Personal Representative of the Next-of-Kin with written authorization of Next of-Kin to act on his or her behalf.

Other: \_\_\_\_\_

3. **AUTHORITY OF REPRESENTATIVE:** The REPRESENTATIVE warrants and represents to FUNERAL HOME that the REPRESENTATIVE is the person or the appointed agent of the person who by law has the paramount right to arrange and direct the disposition of the remains of the DECEDENT and that no other person(s) has a superior right over the right of the REPRESENTATIVE.

4. **AUTHORIZATION TO COMMINGLE REMAINS:** The REPRESENTATIVE instructs the FUNERAL HOME to make the following disposition of the cremated remains of the DECEDENT which may or will involve commingling of cremated remains:

Place the cremated remains of DECEDENT in an urn or container containing the cremated remains of \_\_\_\_\_.

Place the cremated remains of the DECEDENT in \_\_\_\_\_ which contains cremated remains from other decedent(s).

Other: \_\_\_\_\_

5. **INDEMNIFICATION:** The REPRESENTATIVE agrees to indemnify and hold harmless the FUNERAL HOME from any claims or causes of action arising or related in any respect to this direction to commingle the cremated remains of the DECEDENT or the FUNERAL HOME's reliance thereon.

**DATE:**

**SIGNATURE OF REPRESENTATIVE:**

\_\_\_\_\_

\_\_\_\_\_

**ADDITIONAL REPRESENTATIVES**

**Name**

**Relationship to Decedent**

**Signature**

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