

# DIRECTIONS ON REMOVAL OR NON-REMOVAL OF MEDICAL DEVICES

1. **PARTIES:**

"FUNERAL HOME": \_\_\_\_\_

(Name of Funeral Home)

"REPRESENTATIVE": \_\_\_\_\_

(Use Reverse Side  
for Additional Names)

(Name of Representative)

"DECEDENT": \_\_\_\_\_

(Name of Decedent)

2. **RELATIONSHIP OF REPRESENTATIVES:** 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. **MEDICAL DEVICES:** On the reverse side hereof, the REPRESENTATIVE has listed medical devices that have been surgically implanted into DECEDENT's body and directions as to their ultimate disposition. The REPRESENTATIVE understands and acknowledges that if the remains of the DECEDENT are to be cremated, such devices must be removed to avoid possible injury to crematory workers and equipment. The REPRESENTATIVE further understands and acknowledges that failure to remove the medical devices now may make it impossible to retrieve them at a later date.

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 the failure of the REPRESENTATIVE to inform FUNERAL HOME about medical devices implanted in the remains of the DECEDENT or from any claims or causes of action arising or related in any respect to the direction of the REPRESENTATIVE on the disposition of the medical devices identified.

**DATE:**

**REPRESENTATIVE SIGNATURE:**

\_\_\_\_\_

\_\_\_\_\_

**ADDITIONAL REPRESENTATIVES**

| <b><u>Name</u></b> | <b><u>Relationship to Decedent</u></b> | <b><u>Signature</u></b> |
|--------------------|--|-------------------------|
| _____              | _____                                  | _____                   |
| _____              | _____                                  | _____                   |
| _____              | _____                                  | _____                   |
| _____              | _____                                  | _____                   |

**IDENTIFICATION AND DIRECTIONS  
AS TO DISPOSITION OF MEDICAL DEVICES**

| <b><u>Medical Device</u></b> | <b><u>Direction as to Removal*</u></b>      | <b><u>Disposition</u></b> |
|------------------------------|---|---------------------------|
| _____                        | <input type="checkbox"/> Removal Authorized | _____                     |
|                              | <input type="checkbox"/> Do Not Remove      |                           |
| _____                        | <input type="checkbox"/> Removal Authorized | _____                     |
|                              | <input type="checkbox"/> Do Not Remove      |                           |
| _____                        | <input type="checkbox"/> Removal Authorized | _____                     |
|                              | <input type="checkbox"/> Do Not Remove      |                           |
| _____                        | <input type="checkbox"/> Removal Authorized | _____                     |
|                              | <input type="checkbox"/> Do Not Remove      |                           |
| _____                        | <input type="checkbox"/> Removal Authorized | _____                     |
|                              | <input type="checkbox"/> Do Not Remove      |                           |