

# Cremation Authorization

(816)671-0802

(888)670-0802

The undersigned hereby request and authorize Missouri Cremation Services to cremate the remains of:

\_\_\_\_\_ who died at \_\_\_\_\_, \_\_\_\_\_ on \_\_\_\_\_ and certifies and represents that he/she has the right as surviving spouse (or if not surviving spouse as next of kin and/or person legally authorized or charged with the responsibility of disposition) to make such authorization and agrees to hold Horizon Cremation Center and/or Missouri Cremation Services harmless from liability on account of said authorization.

The undersigned hereby authorizes Horizon Cremation Center and/or Missouri Cremation Services to deliver the cremates via Registered Mail and agrees to assume liability for any damages that may arise from any cause growing out of said delivery and to hold harmless Horizon Cremation Center and Missouri Cremation Services from any and all claims related to said shipment.

I further state that the deceased has not had a heart pacemaker implanted, radiation producing implant device nor any other sustaining device which could be explosive. If such a device exists, I have instructed Horizon Cremation Center and Missouri Cremation Services or others to remove it before cremation. I further agree that I will hold harmless Horizon Cremation Center and/or Missouri Cremation Services, their officers and employees from any liability cost, expenses or claims resulting from this authorization.

I certify that I have viewed the remains of \_\_\_\_\_, deceased. That the deceased was personally known to me, and that I am positive of this identification.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Address \_\_\_\_\_  
Relationship \_\_\_\_\_ Telephone \_\_\_\_\_  
Funeral Director \_\_\_\_\_

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**For Office Use Only:**

Place of Death: \_\_\_\_\_,  
Date of Death: \_\_\_\_\_  
Time of Death: \_\_\_\_\_  
Cause of Death: \_\_\_\_\_  
Last Residence: \_\_\_\_\_  
Place of Birth: \_\_\_\_\_  
Place of Funeral: \_\_\_\_\_  
Date of Funeral: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Medical Attendant: \_\_\_\_\_