

SIGNATURE OF AUTHORIZING AGENT

The undersigned, acting as authorizing agent, certifies and represents that he/she possesses full legal authority and power to execute this authorization and to arrange for the cremation and disposition of the cremated remains of the decedent. The Authorizing Agent also warrants that any and all statements and representations contained on this form are true and correct. The undersigned, acting as authorizing agent, is aware of no objections to this cremation by any spouse, child, parent, or sibling and agrees to indemnify and hold harmless White Dove Crematory from any liability arising on account of said authorization and cremation. The undersigned has read and understands the provisions of White Dove Crematory's Policies, Procedures and Requirements and hereby authorizes White Dove Crematory to perform the cremation of the decedent in accordance with the provisions of this document.

_____ Signature of Authorizing Agent	_____ Relationship to Deceased
_____ Printed Name and Address	_____ Date
_____ Signature of Authorizing Agent	_____ Relationship to Deceased
_____ Printed Name and Address	_____ Date
_____ Signature of Authorizing Agent	_____ Relationship to Deceased
_____ Printed Name and Address	_____ Date
_____ Signature of Authorizing Agent	_____ Relationship to Deceased
_____ Printed Name and Address	_____ Date

(Initials) Authorizing Agent acknowledges that the above named funeral director has reviewed the crematory's "Policies, Procedures & Requirements" with him/her/them and that he/she/they have received a copy of that document.

<p>*For the Crematory's use only Cremation No.: _____ Date of Cremation: _____</p> <p>Disposition: _____</p> <p>Remarks: _____</p> <p>_____</p>
--



WHITE DOVE CREMATORY
659 East Greenwich Avenue, West Warwick, RI 02893
(401) 826-1600

CREMATION AUTHORIZATION FORM

The undersigned hereby requests and authorizes White Dove Crematory, in accordance with and su its Policies, Procedures and Requirements, to cremate the human remains of:

Name of Deceased: _____ Age ____ Sex M F

Street Address: _____

City/Town, State, Zip: _____

Date of Birth: _____ Date of Death: _____

Place of Death: _____ Time of Death: _____ AM PM

City/Town State

Cause of Death: _____

Did the decedent have any communicable or contagious disease? Yes No

If yes, explain: _____

Did the decedent have any pacemaker, implant or radioactive device? Yes No

If yes, were arrangements made to remove the device? Yes No

IDENTIFICATION OF DECEDENT

Cremation is an irreversible process. Therefore, identification of the decedent is required by one of the following methods:

- _____ The Authorizing Agent has viewed the remains and positively identified them as the body (Initials) of the decedent.
- _____ The personal representative of the Authorizing Agent has viewed the remains and positivel (Initials) identified them as the body of the Decedent.
- _____ The Authorizing Agent has authorized the Funeral Home to identify the remains using (Initials) a photograph of the Decedent.
- _____ The Authorizing Agent accepts that identification was made through the Medical Examiner' (Initials) office using DNA, dental records and/or fingerprints.

FUNERAL HOME IN CHARGE OF ARRANGEMENTS

Name of Funeral Home: _____

Street Address: _____

City/Town, State, Zip: _____

Name of Funeral Director in charge of arrangements: _____

WITNESSES

Witnessing a cremation can be an emotional experience. Witnesses are assuming the risks involved and fully release White Dove Crematory from any liability. To the extent permitted by the Crematory the persons listed below are authorized to be present in the cremation room prior to and during the cremation of the decedent's remains and during the removal of the cremated remains from the cremation chamber. Please initial your decision below and list the names of those you are authorizing to be witnesses.

_____ The Authorizing Agent DOES NOT WISH ANY WITNESSES BE PRESENT
(Initials)

_____ The Authorizing Agent wishes the following witnesses be present as stated above:
(Initials)

Names: _____

DISPOSITION OF CREMATED REMAINS

White Dove Crematory is authorized to perform the cremation upon receipt of the decedent's remains at its discretion and according to its own time schedule, as work permits, without obtaining further authorization or instructions. The authorizing agent above hereby authorizes and instructs White Dove Crematory to make the following disposition:

_____ Request the above named funeral home arrange for the following disposition:
(Initials) _____

NON-COMBUSTIBLE MATERIAL DISPOSITION AUTHORIZATION

After the cremated remains are removed from the cremation chamber, all non-combustible metal materials (insofar as possible) will be separated and removed from the human bone fragments by visible or magnetic selection. These non-combustible items may include hinges, latches, nails, prostheses and implants.

_____ Authorize(s) White Dove Crematory to dispose of any non-combustible items such as a metal prosthesis or implant. Implant Recycling will make a donation to charity in memory of your loved one as part of the disposal/recycling process.

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:

_____ I certify that I do not have actual knowledge of any living person who has a superior right to act as
(Initials) the Authorizing Agent. My relationship to the decedent is: _____
OR

_____ I certify that there is another living person(s) listed below who has a superior or equal right to act as
(Initials) Authorizing Agent. That person(s) has provided me written permission to serve as Authorizing Agent. (Copy attached)
OR

_____ I certify that there is another living person(s) listed below who has an equal or superior right to act as
(Initials) Authorizing Agent. I further certify that 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 Person(s):

OR
_____ In accordance with Rhode Island General Law, the decedent, as part of a preneed funeral contract, executed a **Final Disposition Authorization Form**. (Copy attached)

REPRESENTATIONS OF FUNERAL DIRECTOR

By executing this authorization form as a licensed funeral director and agent/employee of the funeral home indicated above, I warrant to the best of my knowledge the following:

1. That our funeral home was responsible for making arrangements with the Authorizing Agent(s) for the cremation of the above named decedent, and that I have reviewed this authorization form with the Authorizing Agent(s).
2. That no member of our funeral home has any knowledge of information that would lead us to believe that any of the answers provided on this form, by the authorizing agent(s), are incorrect.
3. That the human remains delivered to White Dove Crematory and represented as the human remains specified on this form are in fact the remains that were identified to our funeral home as the decedent.
4. That our funeral home obtained all necessary permits authorizing the cremation of the decedent, and those permits, or copies as required, are attached.
5. That the representations contained on this form concerning the decedent's cause of death and regarding any infectious or contagious disease are true.
6. That the representations contained on this form concerning a pacemaker and any other material or implant that may be potentially hazardous are true.

Printed Name of Funeral Director

Signature of Funeral Director