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# CREMATION AUTHORIZATION

## Decedent's Name:

I, the undersigned, hereby request and authorize McComb & Wagner Funeral Home and Crematory, in accordance with and subject to its Rules and Regulations, to cremate the remains of the deceased person named above and to process the remains for final disposition. I hereby certify that I am the nearest degree of relationship to the deceased and that I have the legal right or am charged to authorize this cremation and the disposal of the cremated remains. I hereby swear and affirm under penalty of perjury that to the best of my (our) knowledge there is no other person having a prior right to give this authorization under RCW 68.50.160, 68.50.170, 68.50.180, and to control the remains of the above named decedent. I authorize McComb & Wagner to scatter my loved one's remains.

I authorize McComb & Wagner to release the Cremated Remains to: \_\_\_\_\_

I, the undersigned, understand that due to the nature of the cremation process, any valuable material, including dental gold, may either be destroyed or not be recoverable. Any personal possessions accordingly have either been removed or may be destroyed. I hereby authorize Crematory authority to dispose of, at their discretion, all body prosthesis, bridgework or similar items removed from the Cremated Remains. I further state that if the deceased has had a heart pacemaker, radiation producing device, or any other life sustaining device implanted which could be explosive, I have instructed the funeral director or others to remove it before cremation. I also agree that in the event of my failure to notify the funeral director or any others responsible for the removal of such a device, I will be liable for any damages to the Crematorium and/or injury to crematorium personnel. I do authorize the removal of the pacemaker or other implanted device.

I, the undersigned, understand that all cremations are performed individually. Cremation is performed by placing the body, which must be on a rigid-combustible cremation container or prepared hardwood casket, within the cremation chamber where the temperature is raised to approximately 1100 to 1800 degrees Fahrenheit, and the body will be totally and irreversibly destroyed by prolonged exposure to intense heat and direct flame. Upon completion of this cycle, all substances are consumed or driven off, except bone fragments, other materials, metals, etc., which are then swept from the chamber. All metal, prosthesis, joint replacements, surgical pins, dental metals, etc. will be recycled. Retrieval of dental metals must be done before the cremation by a dentist of the family's choosing and at their expense. Retrieval of dental metals is not possible after the cremation process. The cremated remains are then mechanically processed. Once processed, the cremated remains are then encased in the specified urn/container. The Crematory makes a prudent effort to remove and recover all of the cremated remains from the crematory chamber, processing equipment and other tools or containers.

I, the undersigned, further agree that I will indemnify and hold harmless McComb & Wagner Funeral Home and Crematory, their officers and employees from any liability, costs, expenses, or claims resulting from this authorization, cremation and/or disposition, including permanent disposition made of cremated remains which have been unclaimed for a period of (90) days or more. If disposition of the cremated remains is still undetermined or if they remain unclaimed beyond (90) days, I authorize the Funeral Home and/or the Crematory to dispose of them in any lawful manner they designate pursuant to WAC 308-48-760.

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Person Authorizing Cremation:				
Relationship:				
City & State:				
Email:				
Telephone:				
Authorization:	X	X	X	X
Witness Name/ Date:				

### OFFICE USE ONLY

Cremation Date:	DOB:	Personal Effects Disposition:
Cremation#:	DOD:	Urn Container:
Permit Date:	Age:	Keepsakes:
Place of Death:	Sex:	Cremation Container:
Pacemaker (YES/NO)- Removed by/Date:		Fingerprinting (YES/NO)- Completed by/Date:
Other Instructions:		
Sign to Receive Remains: X	Print Name:	Date: