



682 1725 Rd
Delta, CO 81416
970-874-9988

Chalmer & Marge Swain
With Four Locations To Better Serve You
209 Bridge St
Hotchkiss, CO 81419
970-872-3151

311 Grand Ave
Paonia, CO 81428
970-527-3836

105 S.E. Frontier Suite F
Cedaredge, CO 81413
970-856-3232

NOTICE: THIS IS A LEGAL DOCUMENT. IT CONTAINS IMPORTANT PROVISIONS CONCERNING CREMATION.
CREMATION IS IRREVERSIBLE AND FINAL. READ THIS DOCUMENT CAREFULLY BEFORE SIGNING.

I/We, the undersigned, verify, warrant and represent that I/We have the full legal right and authority to authorize the cremation, processing and disposition of the remains of:

1 _____ Name of Deceased _____ Date of Death _____ Location of Death _____

(hereinafter referred to as the "Deceased").

I/We hereby request and authorize Taylor Funeral Service (hereinafter referred to as the "Funeral Home" to take possession of and make arrangements for the cremation of the remains of the Deceased at Taylor Crematory (hereinafter referred to as the "Crematory."

I/We authorize the Crematory to return the cremated remains of the Deceased to the possession and custody of the Funeral Home. I/We understand that the services and obligations of the Crematory shall be fulfilled when the cremated remains of the Deceased are returned to the possession and custody of the Funeral Home. I/we hereby authorize the Funeral Home to arrange for the disposition of the cremated remains of the Deceased as follows:

Is special handling required? Yes No Describe _____
Description of urn or container selected: _____ Suitable for shipping: Yes No
_____ Deliver to _____ Cemetery _____
_____ Release to family _____
_____ Ship via _____
To: Name _____ Address: _____
Received By: _____ Date _____

The cremation, processing and disposition of the remains of the Deceased authorized herein shall be performed in accordance with all governing laws, the rules, regulations and policies of the Crematory and Funeral Home, and the following terms and conditions:

1. The remains of the Deceased will not be accepted for cremation unless received by the Crematory in a combustible, leak resistant, rigid cremation container. The Crematory is authorized to remove and dispose of handles, ornaments and any other noncombustible items attached to the cremation container prior to cremation. In the event the remains of the Deceased are received by the Crematory in a casket or other container constructed of metal, fiberglass, or other noncombustible materials, I/we authorize the remains of the Deceased to be removed prior to cremation and placed in a combustible cremation container. I/We further authorize the Funeral Home or Crematory to make disposition of any such noncombustible casket in any lawful manner it deems appropriate.
2. Mechanical or radioactive devices implanted in the remains of the Deceased (such as pacemakers, etc.) may create a hazard when placed in the cremation chamber. The Crematory will not cremate any human remains which contain any type of implanted mechanical or radioactive device. In the event the remains of the "Deceased contain such a device, I/we hereby authorize the Funeral Home, its agents and employees, to remove any such mechanical devices from the remains of the Deceased prior to cremation, and dispose of such items at its discretion. I/WE HEREBY CERTIFY THAT THE REMAINS OF THE DECEASED DO DO NOT CONTAIN ANY TYPE OF IMPLANTED MECHANICAL OR RADIOACTIVE DEVICE. Please initial one
Listed below are all implanted mechanical and radioactive devices which the Funeral Home or Crematory is authorized to remove from the remains of the Deceased prior to or following cremation, and dispose of as deemed proper. _____

If no instruction for disposition is given, such items may be disposed of at the discretion of the Funeral Home.

3. The cremation container containing the remains of the Deceased will be placed in the cremation chamber and will be totally and irreversibly destroyed by prolonged exposure to intense heat and direct flame. I/We authorize the Crematory to open the cremation chamber during the cremation process and reposition the remains of the Deceased in order to facilitate a complete and thorough cremation.
4. Certain items, including, but not limited to, body prostheses, dentures, dental bridgework, dental fillings, jewelry, and other personal articles accompanying the remains of the Deceased, may be destroyed during the cremation process. I/We further authorize that if any items, other than the cremated remains of the Deceased, are recovered from the cremation chamber, they may be separated from the cremated remains of the Deceased and disposed of by the Crematory.
5. I/We hereby authorize the Crematory to separate and remove from the cremation chamber all noncombustible materials, including, but not limited to, hinges, latches, nails, jewelry and precious metals, and to dispose of such materials.
6. Following cremation, the cremated remains of the Deceased, consisting primarily of bone fragments, will be mechanically pulverized to an unidentifiable consistency prior to placement in an urn or other container.
7. Unless an urn or container suitable for shipment is purchased, the Crematory will place the cremated remains of the Deceased in a container which is not designed for any type of shipment.
8. In the event the urn or container is insufficient to accommodate all of the cremated remains of the Deceased, any excess cremated remains will be placed in a secondary container and returned to the Funeral Home, together with the primary urn or container.
9. I/We understand and acknowledge, that even with the exercise of reasonable care and use of the Crematory's best efforts, it is not possible to recover all particles of the cremated remains of the Deceased, and that some particles may inadvertently become commingled with particles of other cremated remains remaining in the Cremation chamber and/or other devices utilized to process the cremated remains. I/We hereby authorize the crematory to dispose of any such residual particles in any lawful manner it deems appropriate.
10. Unless I/We give specific written instructions in this Authorization, the cremation, processing and disposition of the remains of the Deceased will not be performed in accordance with any particular religious or ethnic customs.
11. I/We agree to pick up the cremated remains within a period of 30 days. If the cremated remains go unclaimed for a period of 1 year, the Funeral Home is authorized and directed to dispose of the unclaimed cremated remains of the Deceased in any lawful manner it may deem appropriate. _____ (initial). After 30 days, there will be a \$2.00 per day Holding Fee.
12. I/We agree to indemnify, release and hold the Crematory, Funeral Home, their affiliates, agents, employees and assigns, harmless from any and all loss, damages, liability or causes of action (including attorneys' fees and expenses of litigation) in connection with the cremation and disposition of the cremated remains of the Deceased, as authorized herein, or my/our failure to correctly identify the remains of the Deceased, disclose the presence of any implanted mechanical or radioactive devices, or take possession of, or make permanent arrangements for, the disposition of such remains.
13. Except as set forth in this Authorization, no warranties, expressed or implied, are made by the Funeral Home, Crematory or any of their respective affiliates, agents or employees.
14. I/We understand that this document does not contain a complete and detailed description of every aspect of the cremation process.

SIGNATURE OF PERSON(S) AUTHORIZING CREMATION AND DISPOSITION

I/We warrant that all representations and statements made herein are true and correct, and that I/we have read and understand the provisions contained in this document.

Signature _____ Printed Name _____ Relationship to Deceased _____
Address _____ Phone Number _____

Signature _____ Printed Name _____ Relationship to Deceased _____
Address _____ Phone Number _____

Signature _____ Printed Name _____ Relationship to Deceased _____
Address _____ Phone Number _____

Signature _____ Printed Name _____ Relationship to Deceased _____
Address _____ Phone Number _____

Signature _____ Printed Name _____ Relationship to Deceased _____
Address _____ Phone Number _____

Taylor Funeral Service, Inc. - 682 1725 Rd., Delta, CO 81416 By: _____