

Herron Crematory
458 Center at Market Street Bethlehem, PA 18018
1145 Lehigh Street Allentown, PA 18103
Phone: 610.866.0671 • Fax: 610.866.4942

CREMATION AUTHORIZATION AND DISPOSITION ORDER

Decedent and Cremains Remains ID Number: _____ Date _____

To The Crematory

The undersigned hereby authorizes and directs you to cremate in accordance with your rules and regulations, the remains of: _____

who died at _____

On the _____ Day of _____ and certifies that he/she is of mature age, and alone have the right to give this authorization and direction for said cremation, that no other person has such right, and hereby agree to defend, indemnify, and keep harmless the crematory, and its representatives from any and all liability of whatsoever kind or claim therefore. In addition I am aware of no objection to this cremation by any spouse, child, parent or sibling specified.

The undersigned hereby certifies that any personal possessions have either been removed or may be destroyed, and agree that the crematory shall not be responsible for the retrieval and/or recovery and/or return of dental gold and/or implanted prosthetic devices.

The undersigned hereby authorizes and directs the crematory to make the following disposition of the cremated remains or urn: _____

*Signature of Legal Representatives: _____
: _____
: _____
: _____

Informant's Address: _____

INFORMATION BY FUNERAL DIRECTOR

Name of Deceased: _____ Marital Status _____

Last Known Address: _____

Place of Death: _____

Deceased Birthplace: _____ Date of birth: _____

Cause of Death: _____

Sex: M F Age: _____ Date of Death: _____ Time of Death: _____ Est. Weight _____

Cremation Scheduled for _____ o'clock Date: _____ Coroner #: _____

Funeral Director: _____ License #: _____

Funeral Home: _____ Address: _____

Date and Time Deceased's Cremated Remains are needed _____

*Initial: _____ I/We have have not been denied the opportunity to personally identify the Deceased's remains prior to cremation and assume full responsibility for the identification of the Deceased's remains.

Board of Health Permit and this Order, signed, must be in the possession of crematory before Cremation can proceed.

CREMATION IS AN IRREVERSIBLE AND FINAL PROCESS.

Cremation is carried out by placing the remains of the deceased and the container holding the remains into a cremation chamber where they are subjected to intense heat and flame. **The heat and flame will incinerate and consume everything except bone and metal, which are all that will be left after cremation.**

Following cremation, the crematory will take reasonable efforts to remove all of the remains and other material left in the cremation chamber, but some minimal dust and residue will likely be left behind. The crematory will separate incidental and foreign material from the remains and the incidental and foreign material will be disposed as required by law. The cremated remains will be mechanically pulverized into small pieces and placed into a designed container or urn. **Cremated remains generally are pulverized until no single fragment is recognizable as skeletal tissue.**

*Initial: _____ Pacemaker and/or Medical Device Yes _____ No _____ Unknown _____

*Initial: _____ This is a legal document and I have read the entire document and I understand the contents and conditions of the entire document.