

## CREMATION AUTHORIZATION FORM

### SUPPLEMENT – FACSIMILE TRANSMISSION APPROVAL

I hereby warrant that I am the person listed on the attached Cremation Authorization Form as the Authorizing Agent, legally permitted to authorize the cremation of \_\_\_\_\_, and that I have executed this form in the presence of a Notary Public, as described below. In addition to all other authorizations, representations and warranties contained in the Cremation Authorization Form, I hereby authorize the Crematory Authority and Director's Choice, LLC to cremate the body of \_\_\_\_\_, upon its receipt of a facsimile copy of a signed Cremation Authorization Form and this Supplement, sent by facsimile transmission or other means of electronic telecommunication. I agree to hold Terrace Grove Crematory and Director's Choice, LLC and their agents and employees harmless and to fully indemnify them for any such action that they take based upon a facsimile transmission or other electronically reproduced copy of these forms.

\_\_\_\_\_  
Authorizing Agent/Next of Kin

\_\_\_\_\_  
Date

### NOTARY ACKNOWLEDGEMENT

State of \_\_\_\_\_

County of \_\_\_\_\_

I am a Notary Public and I hereby confirm that \_\_\_\_\_ whose signature is set forth above as Authorizing Agent, executed this Cremation Authorization Form Supplement - Facsimile Transmission Approval in my presence.

Subscribed to and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public Seal

\_\_\_\_\_  
My Commission Expires