

NOTICE: THIS IS A LEGAL DOCUMENT. IT CONTAINS IMPORTANT PROVISIONS CONCERNING CREMATION. CREMATION IS IRREVERSIBLE AND FINAL. IT IS THE RESPONSIBILITY OF THE FAMILY TO PROVIDE ALL REQUIRED AUTHORIZING SIGNATURES. READ THIS DOCUMENT CAREFULLY BEFORE SIGNING.

## CREMATION AUTHORIZATION

### TERRACE GROVE CREMATORY



1200 ARAGON ROAD  
P.O. BOX 761  
BELEN, NEW MEXICO 87002  
(505) 864-0823

Crematory Use Only	
Tag ID #	
Start Time	
Unit #	

The undersigned hereby authorizes Terrace Grove Crematory to cremate the remains of

First Name	Middle	Last	Date of Death
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1. That he/she has the legal right to authorize and direct the cremation, interment and/or disposition of said remains and agrees to hold **Terrace Grove Crematory**, its officers, agents and employees harmless from any and all loss, costs, or damages it or they may suffer or incur by reason of acting upon the order and authorization set forth.
2. That the remains delivered to the crematory are those only of the deceased named herein.
3. That the body will be delivered in a suitable, rigid container.
4. That the Office of the Medical Investigator's signed cremation permit will accompany the body.
5. That the deceased has not had a heart pacemaker implanted, or radiation-producing implant device, or any other life-sustaining device that could be explosive. Or, if such a device exists, he/she agrees to have the Funeral Director or others remove it before cremation. He/she also understands that in the event of failure to notify the Funeral Director or others responsible for the removal of such a device, he/she will be liable for any damages to the crematory or injury to crematory personnel.
6. That ALL non-combustible materials delivered with the body will NOT be returned with the cremated remains, but will become property of, and be disposed by the crematory.
7. The undersigned understands the cremated remains, (hereafter referred to as cremains) are bone fragments which will be pulverized to permit their placement in an urn or other container. In the event the capacity of the urn or other container is insufficient to accommodate all of the cremains, the crematory is hereby authorized to make disposition of the remaining cremains at its discretion, unless otherwise instructed in writing by the undersigned.
8. That all charges are to be paid before cremation can occur.
9. **PACKAGING INSTRUCTIONS.** The cremains will be returned from crematory in temporary cremains cardboard container unless instructed otherwise.
10. If the undersigned authorizes the crematory to deliver the cremains via Registered U.S. Mail, he/she does hereby agree to assume all liability for any damages that may arise from any cause growing out of said delivery and to indemnify and hold harmless the crematory and Funeral Director from any and all claims relating to said shipment. The mailing fee is \$ \_\_\_\_\_ for packaging, registered postage and mailing to any location within the Continental United States.
11. That the **Terrace Grove Crematory** will perform cremation of the body, and comply with the memorialization/disposition of cremains instructions given on this form, and no warranties expressed or implied are made, and damages shall be limited to the fee paid.
12. If a decedent has left no written instruction regarding the disposition of his/her remains, the following persons in the order listed shall authorize cremation of the decedent:
  1. The surviving spouse;
  2. A majority of the surviving children of the decedent;
  3. The surviving parents of the decedent;
  4. A majority of the surviving siblings of the decedent;
  5. An adult who has exhibited special care and concern for the decedent, who is aware of the decedent's view and desires regarding the disposition of his body and who is willing and able to make a decision about the disposition of the decedent's body; or
  6. The adult person of the next degree of kinship in the order named by New Mexico law to inherit the estate of the decedent.
13. We understand and acknowledge, that even with the exercise of reasonable care and the use of Terrace Grove 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 and/or other devices utilized to process the cremated remains. I/we hereby authorize **Terrace Grove Crematory** to dispose of any such residual particles in any lawful manner it deems appropriate.
14. He/she will hold harmless the crematory or the mortuary from any liability for disposing of unclaimed cremains in a lawful manner after a period of one year.
15. **WEIGHT** \_\_\_\_\_ (Logistics Charge over 275 lbs.)

Signature of nearest of kin	Date	Relationship to deceased
Print Name	Address	
Signature of nearest of kin	Date	Relationship to deceased
Print Name	Address	
Signature of nearest of kin	Date	Relationship to deceased
Print Name	Address	
Signature of nearest of kin	Date	Relationship to deceased
Print Name	Address	
Mortuary in Charge <u>Director's Choice</u>	Funeral Director _____	
(Cremains will be returned to the Mortuary)		

I hereby acknowledge receipt of the above cremains: \_\_\_\_\_ Date: \_\_\_\_\_  
 Time: \_\_\_\_\_