

STATE OF COLORADO
BOARD OF EMBALMERS AND FUNERAL DIRECTORS

AUTHORIZATION FOR CREMATION AND DISPOSITION

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

NAME OF CREMATORY ESTABLISHMENT

Broomfield Family Crematory

NAME OF FUNERAL ESTABLISHMENT

Dove Society

I, THE UNDERSIGNED, HEREBY AUTHORIZE THE CREMATORY AND FUNERAL ESTABLISHMENT NAMED ABOVE TO CREMATE THE REMAINS OF:

NAME OF PERSON TO BE CREMATED

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 understand that due to the nature of the cremation process any **valuable metal**, including dental gold, will either be destroyed or not be recoverable. Any personal possessions accordingly have either been removed or may be destroyed. I further agree that I will indemnify and hold harmless the Crematory and Funeral Director, their officers and employees from any liability, costs, expenses or claims resulting from this authorization.

I request that following cremation, the funeral home make disposition of the cremated remains as follows:

I specifically agree that if the said remains are left in the custody of the Rundus Broomfield Funeral Home
NAME OF FUNERAL ESTABLISHMENT
for over 120 days, the Rundus Broomfield Funeral Home may make whatever disposition of the remains it
NAME OF FUNERAL ESTABLISHMENT
deems appropriate.

I further state that the deceased has not had a heart **pacemaker** implanted, radiation producing implant device nor any other life sustaining device that could be explosive. If such a device exists, I have instructed the Funeral Director or others responsible for the removal of such a device. I will be liable for any damages to the crematorium or injury to crematorium personnel.

DESCRIPTION OF IMPLANTED DEVICE _____

SIGNATURE

PRINT NAME

DATE

RELATIONSHIP TO DECEASED

TELEPHONE NUMBER

ADDRESS (CITY, STATE, ZIPCODE)

WITNESS

NAME

ADDRESS

DOVE SOCIETY CREMATION SERVICES
RUNDUS FUNERAL HOME
1998 WEST 10TH AVENUE
BROOMFIELD, CO 80020