

# Flameless Cremation Authorization Form



The undersigned authorizing agent(s) hereby authorize **AquaGreen Dispositions LLC** to cremate by Flameless Cremation (Alkaline Hydrolysis) the remains of:

Name of Decedent: \_\_\_\_\_ Date of Death: \_\_\_\_\_ Time of Death: \_\_\_\_\_

Address of Decedent: \_\_\_\_\_ Gender M \_\_\_\_\_ F \_\_\_\_\_ Age \_\_\_\_\_

**X** Signature Authorizing Agent(s): \_\_\_\_\_

The undersigned authorizing agent(s) attest to the accuracy of the representations contained herein and hereby certify:

I/We have the full legal authority to authorize flameless cremation, handling, processing and disposition of the decedent's remains and am not aware of any living person who has superior priority right. In the event there is another individual having superior right to execute this form, I, as authorizing agent, have made all reasonable efforts to contact that person, have been unable to do so, and have no reason to believe that the person would object to the cremation of the decedent. The Authorizing Agent further certifies that all persons of equal right have been notified and that no person objects to cremation.

The Authorizing Agent or his/her representative has viewed the remains of the decedent and does hereby certify the identity of the decedent.

If the Authorizing Agent has made specific arrangements for viewing decedent BEFORE flameless cremation, or for a service with the decedent present before flameless cremation, the date and time of service or viewing: \_\_\_\_\_

Notice: If death of decedent occurred as a result of disease declared by the Department of Public Health to be infectious, contagious, communicable, or dangerous to the public health it must be listed. Type of disease, if any: \_\_\_\_\_. If the Authorizing Agent does not notify the Funeral Director or AquaGreen of the presence of a contagious or infectious disease, he/she will be liable for and indemnify and hold harmless AquaGreen from any and all damages, injuries, losses, cost and expenses, including attorney's fees, incurred or suffered by AquaGreen or its' personnel, and/or any third party as a result of his/her failure to notify.

Authorizing Agent understands that arrangements must be made with the Funeral Director to remove any valuables or personal possessions prior to the time that the decedent is released to AquaGreen. All items delivered with the decedent to AquaGreen, including (but not limited to) jewelry, eyeglasses, clothes, shoes, hair pieces, dental work, etc will be destroyed in the process or otherwise discarded by AquaGreen, at its sole discretion, unless specific instructions are given. Valuables and personal possession instructions: \_\_\_\_\_

Pacemakers or any other material or implants **do not** have to be removed prior to the process. After the remains are removed from the vessel, all non-consumable materials such as orthopedic implants, dental prosthetics, surgical pins, screws, etc., will be separated and removed from the bone fragments. AquaGreen is authorized to dispose of these materials in a non-recoverable manner.

**AquaGreen Dispositions LLC** is hereby given permission to cremate using alkaline hydrolysis flameless cremation upon receipt of the decedent, at its discretion, and according to its own time schedule, as scheduling permits, without obtaining further authorization or instructions. Flameless Cremation is a breakdown process which uses a gentle circulation of water, temperature, and alkalinity. I authorize AquaGreen to perform the process in a manner in which they deem most appropriate which includes (but not limited to) placing the decedent in the basket / vessel. After the process is completed, the sterile water mixture is returned to the eco-system via the normal wastewater treatment facility, and all that remains is the solid mineral of the bones, which will be processed prior to placement into a temporary container provided by AquaGreen or an urn provided by the authorizing agent. In the event the capacity of the urn/container provided by authorizing agent is insufficient to accommodate all of the flameless cremated remains of the decedent, excess flameless cremated remains will be returned in a temporary container.

Final Disposition of flameless cremated remains (grave, crypt, niche, scattering, personal disposition by family, other) \_\_\_\_\_

Authorization to release flameless cremated remains to below: \_\_\_\_\_ or Other: Pick Up (within 10 days) \_\_\_\_\_ Ship (see \* below) \_\_\_\_\_

\_\_\_\_\_  
Name and Address of Person or Funeral Home / Director

Unless arrangements have been made above for the final disposition of the cremated remains, AquaGreen Dispositions LLC may after 30 days, return the cremated remains to the authorizing agent, or if not possible, may after 60 days, at the expense of the authorizing agent, dispose of the cremated remains in a manner permitted by law.

\*If shipping cremated remains, there is a risk that United States Postal Service may be late in delivery or lose the cremated remains. I/we authorize AquaGreen Dispositions or Funeral Home to mail cremated remains. AquaGreen Dispositions is not responsible for lost cremated remains due to the mishandling of United States Postal Service.



We want you to fully understand the information provided on this authorization form, and we would be pleased to answer any questions about the flameless cremation process or other questions you may have. FLAMELESS CREMATION IS IRREVERSIBLE AND FINAL.

The undersigned, as Authorizing Agent(s), acknowledge that by signing this Flameless Cremation authorization form, that I have read and completed page 1 of this form and that all representations and statements contained within this authorization are true and correct. Further, I agree to release, indemnify, and hold harmless the Funeral Home / Director, AquaGreen Dispositions LLC, or their employees from any and all claims, suits or causes of action, including reasonable attorney's fee for the defense thereof, brought by any person, firm or corporation, or the personal representative thereof, arising as a result of or connected with this authorization, including (but not limited to) the failure of authorizing agent to properly identify the human remains, claims brought by any other person(s) claiming the right to control the disposition of the decedent or the decedents' cremated remains, or failure to take possession of or make proper arrangements for the final disposition of the cremated remains. I certify the truth and accuracy of all information set forth on this Flameless Cremation Authorization Form and request AquaGreen Dispositions LLC to proceed as authorized.

Name of Authorizing Agent: \_\_\_\_\_ Relationship to Decedent: \_\_\_\_\_

Address of Authorizing Agent: \_\_\_\_\_ Phone #: \_\_\_\_\_

**X** Signature Authorizing Agent: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Authorizing Agent: \_\_\_\_\_ Relationship to Decedent: \_\_\_\_\_

Address of Authorizing Agent: \_\_\_\_\_ Phone #: \_\_\_\_\_

**X** Signature Authorizing Agent: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Authorizing Agent: \_\_\_\_\_ Relationship to Decedent: \_\_\_\_\_

Address of Authorizing Agent: \_\_\_\_\_ Phone #: \_\_\_\_\_

**X** Signature Authorizing Agent: \_\_\_\_\_ Date: \_\_\_\_\_

### Notarization

Signed and acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_  
(Authorizing Agent)

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

Notary Seal:

### Funeral Director Certification

The undersigned licensed funeral director, an authorized representative of the funeral establishment, hereby certifies that the Authorizing Agent(s) signed the Flameless Cremation Authorization Form on the date indicated and warrants that the human remains released to AquaGreen Dispositions LLC are the same as those identified herein and any items requested by the family have been removed from the decedent prior to release to AquaGreen. No member of our funeral establishment has knowledge or information that would lead us to believe that any of the answers provided on this authorization by the Authorizing Agent are incorrect.

Funeral Director Name: \_\_\_\_\_ License # \_\_\_\_\_

Name, Address and Phone Number of Funeral Establishment: \_\_\_\_\_

Licensed Funeral Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NOTE: This Authorization Form, Burial Transit Permit, Cremation Permit, and a photocopy of Death Certificate must accompany decedent.