

**OZARK MEMORIAL PARK CREMATORY**  
**CREMATION AUTHORIZATION**  
Certifications and Agreements

1. The information, statements and instructions set out on the front of this Cremation Authorization are complete and accurate.
2. I have the necessary authority under applicable Missouri law to direct the cremation of the Decedent's remains and the disposition of the Decedent's remains pursuant to the instructions set out in this Cremation Authorization.
3. Unless stated otherwise in Disclosure of Pacemaker or Radioactive Implants, I have no reason to believe the Decedent's body contains any implanted medical device.
4. I have communicated my Intent to direct the cremation of the Decedent's remains to any persons who are of a closer blood relation to the Decedent than myself.
5. I have no knowledge of any objection to the cremation of the Decedent's remains as the method for final disposition, or to my instructions for the delivery of Decedent's remains.
6. I authorize Ozark Memorial Park Crematory to take possession of the Decedent pursuant to the provisions set forth in this Cremation Authorization.
7. I am responsible for all charges and expenses incurred with respect to this Cremation Authorization.
8. I understand that cremation is accomplished by placing the Decedent's body in a casket or alternative container and introducing these into the crematory retort. The temperature in this retort is raised to the point of combustion. After approximately two hours, all substances are oxidized away with the exception of calcified bone fragments, and any metal which may be present. After a short cooling period, the cremated remains are brushed from the inside of the retort with a steel bristled broom. Any foreign matter is removed. The cremated remains are then processed to a power-sand like consistency. They are placed into either a temporary container, or a permanent cremation urn, and delivered to the person identified in this Cremation Authorization form. Due to the nature of the cremation process, any valuable material, including dental gold, will either be destroyed or not be recoverable. Anything other than the cremated remains will be destroyed by the Crematory. If the container or any portion thereof, is not suitable for cremation, Crematory may require the remains be removed to a suitable container. The cremated remains will include bone fragments that will be reduced in size and placed in an urn. In the likely event that the amount of cremated remains should exceed the capacity of the urn selected, Crematory is hereby authorized to return said excess cremated remains in a temporary container.
9. I indemnify and hold harmless the Crematory, and its members, representatives and employees from any liability, costs, expenses, or claims resulting from actions taken in reliance on this Cremation Authorization form.
10. Cremation will take place after any scheduled ceremonies or viewing have been completed, civil and medical authorities have issued all required permits, all necessary authorizations have been obtained, no objections have been raised, and at least 48 hours has passed since the medical examiners statement of time of death, provided the Crematory is authorized to perform the cremation according to its own time schedule, as work permits, without obtaining any further authorization or instructions.
11. If Decedent's remains are not claimed pursuant to the Declaration of Intent within 30 days of the cremation, Crematory is authorized to deliver Decedent's remains to me at the address set out above, by any method determined by Crematory to be reasonable. Upon release of Decedent's remains to the entity or person identified in the Declaration of Intent, or the deposit of Decedent's remains with registered postal service (or by an overnight delivery service), I hereby release Crematory from claims for damages. In the event Decedent's remains are not claimed, or can not be delivered to me, within 30 days from the date of cremation, the Crematory shall be authorized to either scatter the remains in Ozark Memorial Park Cemetery's scatter garden or to place the cremated remains in long term storage and I will be responsible for all charges incurred with regard to such storage and any eventual disposition of Decedent's remains pursuant to Missouri law.

## Service and Delivery Verification

The cremation process was initiated: Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time: \_\_\_\_\_ AM PM

The cremation process was completed: Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time: \_\_\_\_\_ AM PM

Cremains were released to: (Name), \_\_\_\_\_

Address of the delivery: \_\_\_\_\_

Date the Cremains were released: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signature of Receiving Party: \_\_\_\_\_

Relationship to Deceased: \_\_\_\_\_

Delivered by: \_\_\_\_\_

If delivery of cremains by shipment, the delivery company and shipping/receipt number:

\_\_\_\_\_

If delivery of cremains by means other than an employee of a Missouri licensed funeral establishment, the name and means of delivery:

\_\_\_\_\_

\*Kansas funeral establishments must provide a copy of coroner's permit.

\*\*This certification is not required of a surviving spouse or a parent with custodial rights if the Decedent was a minor. In the absence of the appropriate written directive from the decedent, certain members of Decedent's family are afforded a priority to direct the disposition or Decedent's remains if the family member(s) assume responsibility of the disposition. If the person directing the cremation is not related by blood, or is a sibling or a more distant relative, notice must be given to any living parent, adult children, or siblings of the Decedent.

# OZARK MEMORIAL PARK CREMATORY CREMATION AUTHORIZATION

Name of Deceased: \_\_\_\_\_ (“Decedent”)

DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date of Death \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time of Death: \_\_\_\_\_ Age: \_\_\_\_\_

Deceased's Last Residence: \_\_\_\_\_

Location Where Death Occurred: \_\_\_\_\_

Deceased's Place of Birth: \_\_\_\_\_

Funeral Home\* delivering the remains: \_\_\_\_\_

Funeral Director (arranging): \_\_\_\_\_

Date and Place of the Funeral: \_\_\_\_\_

Person authorizing cremation: \_\_\_\_\_

Must be the same person who signs this form and made the arrangements with the funeral home or crematory)

Relationship to the Deceased: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## VIEWING

Yes  No Will the body be embalmed at time of delivery to the Crematory?

Yes  No Will there be a viewing at the Crematory?  
If yes, Date: \_\_\_\_\_ Time: \_\_\_\_\_

## INFECTIOUS DISEASE CONTROL

Yes  No Did the decedent have an infectious, contagious or communicable disease? If yes, please list below.

## PACEMAKERS AND RADIOACTIVE IMPLANTS

Mechanical, radioactive devices or implants in the Decedent create a hazardous condition when placed in a cremation chamber. All pacemakers must be removed by funeral home and radioactive implants must be removed by a physician prior to delivery of the decedent to the Crematory.

Yes  No Do the Decedent's remains contain any such devices?  
 Yes  No If yes, do you certify that these devices have been removed?  
 Yes  No Has the deceased been treated with therapeutic radionuclide?  
If yes, when was the treatment last administered? \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## VALUABLES

- Yes  No State whether all valuables have been removed from Decedent's body, and if not, itemize the valuables to be returned to Funeral Home Staff Member delivering the body for cremation.  
If no, list valuables: \_\_\_\_\_

#### DECLARATION OF INTENT INTERMENT

- Yes  No Is the interment of the cremains scheduled to be made at Ozark Memorial Park, and if not, designate the location of interment or scattering if known:  
\_\_\_\_\_

#### DELIVERY ARRANGEMENTS

The crematory is authorized to deliver the decedent cremains in the following manner:

- Release to the funeral home set out above.  
 Release to the authorizing individual set out above.  
 Ship by Registered Postal Service/Federal Express to (full name, address, phone #):  
\_\_\_\_\_  
 Other \_\_\_\_\_

#### COMPLETE THIS SECTION IN ITS ENTIRETY

I hereby certify that the Decedent left the following surviving heirs at law:

Spouse  Yes  No Name: \_\_\_\_\_

Children  Yes  No How Many? \_\_\_\_\_ Names: \_\_\_\_\_

Parents  Yes  No How Many? \_\_\_\_\_ Names: \_\_\_\_\_

Siblings  Yes  No How Many? \_\_\_\_\_ Names: \_\_\_\_\_

Other: Names and Relationship: \_\_\_\_\_

Separate authorization(s), if necessary, shall be attached to, and considered part of, this form.

#### DISCLOSURES. WARRANTIES AND PERMISSIONS (INITIAL EACH)

X \_\_\_\_ I am aware of no objections to this cremation by any spouse, child, parent or sibling.

X \_\_\_\_ I certify that the deceased person named above has not given other specific directions concerning the disposal of his/her remains that conflict with cremation.

X \_\_\_\_ I the undersigned, hereby certify that I am the closest living next of kin of the Decedent as defined by RSMo Section 194.119. All other individuals comprising Decedent's closest next of kin have declined responsibility for the disposition of Decedent's remains and I have assumed such responsibility.

By signing this form, Authorizing Agent agrees and certifies to Ozark Memorial Park Crematory that the front of this form has been completed accurately and that he/she has read the Certifications and Agreements set out on Page 2.

Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM PM

\_\_\_\_\_  
Signature of Authorizing Agent

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time: \_\_\_\_\_

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Witness Print Name

**See Reverse Following Pages for Certifications and Agreements**