

THE ISLAND FUNERAL HOME & CREMATORY

4 Cardinal Road
Hilton Head Island, South Carolina 29926
Telephone (843) 681-4400
Fax (843) 689-3371

AUTHORIZATION FOR CREMATION, PROCESSING, AND DISPOSITION

REMAINS OF: _____
Social Security Number _____

Date and Time of death of (hereinafter, "the Deceased") was _____ as indicated on the attached attending physician's, medical examiner's, or coroner's Certificate of Death.

The undersigned Agent of the Deceased certifies that said Agent has the full legal authority and right to authorize the cremation, processing, and disposition of the Deceased remains, and further, said Agent certifies that, to the Agent's knowledge, there exists no person who possesses a superior priority right and no person of equal priority who disagrees with this authorization.

Exercising the authority aforesaid, I, the undersigned, hereby authorize The Island Funeral Home, Inc. (hereinafter, "Funeral Establishment") to take possession of, and make arrangements for, the cremation of the remains of the Deceased at The Island Crematory (hereinafter, Crematory Authority); said Crematory Authority being specifically authorized to carry out the process of cremation of the Deceased's remains, in accordance with the provisions of Chapter 8 of Title 32, 1976 South Carolina Code, as amended, upon receipt of the Deceased's remains.

I, as Agent of the Deceased, hereby declare that, to the best of my knowledge: (check one)

_____ The Deceased's remains DO NOT contain a pacemaker or any other material or implant that may be hazardous to, or cause damage to, the cremation chamber or the person performing the cremation.

_____ The Deceased's remains DO contain a pacemaker or other material or implant that may be hazardous or cause damage to the cremation chamber or the person performing the cremation.*

*Please list all materials/implants here:

I, as Agent of the Deceased, hereby declare that, to the best of my knowledge:

_____ The Deceased DID NOT have an infectious, contagious, or communicable disease or a disease declared by the Department of Health and Environmental Control to be dangerous to the public health.

_____ The Deceased DID have an infectious, contagious, or communicable disease declared by the Department of Health and Environmental Control to be dangerous to the public health.*

*Please list all diseases here:

The Agent of the Deceased further authorizes and instructs the Crematory Authority to properly dispose of any items, other than the remains of the Deceased, including but not limited to, body prostheses, dentures, dental bridgework, and dental fillings that are recovered from the cremation chamber.

Jewelry and other personal articles that are recovered from the cremation chamber are to be disposed of as follows:

THE CREMATION, PROCESSING, AND DISPOSITION OF THE REMAINS OF THE DECEASED, AS AUTHORIZED ABOVE, SHALL BE PERFORMED IN ACCORDANCE WITH ALL GOVERNING LAWS, AS WELL AS THE RULES, REGULATIONS, AND POLICIES OF THE FUNERAL ESTABLISHMENT AND/OR CREMATORY AUTHORITY, SUCH AUTHORIZATION BEING SUBJECT TO THE FOLLOWING TERMS AND CONDITIONS:

- 1. The remains of the Deceased will not be accepted by the Crematory Authority unless the Deceased is in a casket, cremation casket, or an approved alternative container.
2. The Crematory Authority shall separate and remove from the cremation chamber all non-combustible materials, including but not limited to, hinges, latches, nails, jewelry, and precious metal, and the Crematory shall dispose of such materials as provided by law and/or as instructed herein.
3. Unless specifically authorized by the Deceased's Agent(s), the Crematory Authority shall not simultaneously cremate the remains of more than one person in the same cremation chamber.
4. The services of the Crematory Authority are deemed to be fulfilled when the cremated remains of the Deceased are returned to the custody of the Funeral Establishment.
5. The Island Funeral Home, Inc. is hereby authorized to dispose of the Deceased's cremated remains as follows:

6. If no method of disposition is specified in number 5 above, the cremated remains of the Deceased are to be held by the Crematory Authority for a period of thirty days, unless said remains are picked up or shipped to the Agent or Funeral Establishment before that time. At the end of thirty days, if final disposition arrangements have not been made, the Crematory Authority may return the cremated remains to the Agent of the Deceased or the Funeral Establishment.

7. If, at the end of sixty days, no final disposition arrangements have been made, the Crematory Authority or Funeral Establishment in charge of the disposition arrangements may dispose of the cremated remains in a manner provided by law, and in accordance with Chapter 8 of Title 32, 1976 South Carolina Code, as amended.

8. Deceased's Agent may revoke this authorization within twelve hours of its execution by providing written notice to the Funeral Establishment which assisted in making these arrangements and the Crematory Authority designated to perform the cremation.

By signing this Cremation Authorization form, I, as Agent for the Deceased, agree that The Island Funeral Home, Inc. and The Island Crematory and their respective agents, employees, and assigns, shall be held harmless in regard to any and all loss, damage, liability, or causes of action in connection with the cremation, processing, and disposition of the Deceased's remains. However, said Funeral Establishment and Crematory Authority and their respective agents, employees, and assigns shall not be held harmless for any acts in regard to the cremation, processing, and disposition of the Deceased remains if said acts are performed in a grossly negligent manner.

FURTHER, I HEREBY STATE THAT ALL REPRESENTATIONS AND STATEMENTS MADE BY ME ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND, FURTHER, THAT I HAVE READ AND UNDERSTAND THE PROVISIONS CONTAINED IN THIS DOCUMENT AND THE ATTACHED EXPLANATORY INFORMATION IN REGARD TO THE CREMATION PROCESS.

AGENT SIGNATURE _____ DATE _____ Relationship to Deceased: _____
Address of Agent _____ Telephone Number of Agent: _____

WITNESS: _____ DATE: _____ TIME: _____ am / pm

AGENT SIGNATURE _____ DATE _____ Relationship to Deceased: _____
Address of Agent: _____ Telephone Number of Agent: _____

WITNESS: _____ DATE: _____ TIME: _____ am / pm