

THE ISLAND FUNERAL HOME, INC.

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

PRENEED AUTHORIZATION FOR CREMATION, PROCESSING, AND DISPOSITION OF THE REMAINS OF

Address _____
Phone _____
Social Security Number _____

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

I further authorize and instruct the Crematory Authority to properly dispose of any items, other than my remains, including but not limited to, body protheses, 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 MY REMAINS, AS AUTHORIZED HEREINABOVE, 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. My remains will not be accepted by the Crematory Authority unless they are in a casket, cremation casket, or an approved alternative container, or unless the Funeral Establishment has made arrangements with the Crematory Authority to provide the casket, cremation casket, or an alternative container before cremation.
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 Authority shall dispose of such materials provided by law and/or as instructed herein.
3. Unless instructed herein, the Crematory Authority shall not simultaneously cremate my remains with those of any other person.
4. The services of the Crematory Authority are deemed to be fulfilled when my cremated remains are returned to the custody of the Funeral Establishment.
5. The Island Funeral Home, Inc. is hereby authorized to dispose of my cremated remains as follows:

6. I, the undersigned, understand that I have the right to revoke this authorization at any time by providing written notice to the Funeral Establishment which assisted in making these arrangements and the Crematory Authority designated to perform the cremation.
7. No person may revoke this authorization subsequent to the death of the undersigned.

By signing this Cremation Authorization Form, I, the undersigned, agree 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 my remains. However, said Funeral Establishment and Crematory Authority and the agents, employees, and assigns shall not be held harmless for any acts in regard to the cremation, processing, and disposition of my remains if said acts are performed in a grossly negligent manner.

Further, I hereby state that all representations 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 regarding the cremation process.

SIGNATURE: _____

WITNESS: _____

WITNESS: _____

DATE: _____